FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743075 (4)

1. Corporation Name

MARTIN LUTHER KING, JR. COMMISSION OF FLORIDA, I NC.

Principal Place of Business	Mailing Address
2912 NE 17TH DRIVE P.O. BOX 2092 GAINESVILLE FL 32602	2912 NE 17TH DRIVE P.O. BOX 2092 GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 05/31/1978
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1932327	☐ Applied For ☐ Not Applicable
21 214 W. Univ Ave	26		
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Gainesville, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32601 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LONG, RODNEY
2912 NE 17TH DR
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: Rodney J. Long 3-6-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LONG, RODNEY		1.2 NAME	
STREET ADDRESS	2912 N.E. 17TH DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAWLS, REYNOLDS I		2.2 NAME	
STREET ADDRESS	611-102 S.W. 75TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILE FL		2.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELMORE, DARRELL		3.2 NAME	
STREET ADDRESS	P.O. BOX 5774 N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32602		3.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HART, WILLIAMS J		4.2 NAME	
STREET ADDRESS	2917 N.E. 14TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, KARLA		5.2 NAME	
STREET ADDRESS	24-219 TOLERT HALL		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CLARY, SUSIE		6.2 NAME	
STREET ADDRESS	7301 W UNIV AVE #16		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacquelyn Hart Williams Jacquelyn Hart-Williams 3-5-96 (352) 374-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)