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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
214 W. UNIV. AVENUE SUITE C GAINESVILLE FL 32601 US	2912 NE 17TH DRIVE P.O. BOX 2092 GAINESVILLE FL 32602-2092

3. Date Incorporated or Qualified: **05/31/1978**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1932327** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ED	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HART, WILLIAMS J		3.2 NAME		
STREET ADDRESS	2917 N.E. 14TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary-director SD	☒ Change ☒ Addition
NAME	DAVIS, KARLA		4.2 NAME	Dorcas Ramseur	
STREET ADDRESS	24-219 TOLERT HALL		4.3 STREET ADDRESS	1020 NE 2nd St	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLARY, SUSIE		5.2 NAME		
STREET ADDRESS	7301 W UNIV AVE #16		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PED Feb. 7, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0010703