FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # 743075

NE Waldo Road

1. Corporation Name MARTIN LUTHER KING, JR. COMMISSION OF FLORIDA, I NC.

Principal Place of Business 214-W.LUNIV. AVENUE SUITE GAINESVILLE FL 3260T

2. Principal Place of Business

17/2

Suite, Apt. #, etc.

SIGNATURE

Mailing Address

2912 NE 17TH DRIVE P.O. BOX 2092

GAINESVILLE FL 32602

2a. Mailing Address

Suite, Apt. #, etc.

26

27.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90192 023 ****61.25

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3. Date Incorporated or Qualifed 05/31/1978

FEI Number

59-1932327

City & Stat	esville, +L	City & State			5. Certificate of Status Desired		5 Additional e Required
Zip	2609 25 Alachud	Zip 30	Country		Election Campaign Financing Trust Fund Contribution	1 1	00 May Be led to Fees
	9. Name and Address of Current	_ 	, , , , , , , , , , , , , , , , , , , 	10. Name and Address of New Registered Agent			
			81	Name			
LONG COONEY				<u> </u>		Mary	
LONG, RODNEY 2912 NE 17TH DR GAINESVILLE FL 32609				Street Ad	ddress (P.O. Box Number is Not Accepta	DIE)	
				83			
GAINESVII	LLE FL 32009					· · · · · · · · · · · · · · · · · · ·	
			84	City	•	FL 85 1	Zip Code
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corpora	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of changing t the appointment a	g its registered is registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		t signature req	uired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			3. ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE	PD	☐ DELETE	1.1 TITLE	1	,	☐ Chai	nge 🔲 Addition
NAME j	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			Cha	nge 🔲 Addition
NAME	RAWLS, REYNOLDS I		2.2 NAME	- 1	•		,
STREET ADDRESS	611-102 S.W. 75TH ST.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	GAINESVILE FL		2.4 CITY-S	T-ZIP			
TITLE	ED	☐ DELETE	3.1 TITLE			- → □ Cha	nge - 🖸 Addition
NAME.	HART, WILLIAMS J	•	3.2 NAME	- {			
STREET ADDRESS	2917 N.E. 14TH ST.	•	3.3 STREET	ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL	ı	3.4. CITY-S	T-ZIP			
TITLE	SD	☐ DELETE 4.1				☐ Chai	nge 🔲 Addition
NAME	RAMSEUR, DORCAS		4.2 NAME	1		•	
STREET ADDRESS	1020A NE 2ND ST	1	4.3 STREET	ADDRESS			f
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST	r-Zip			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			5.2 NAME	1]
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST	r-21P		*	[
TITLE		DELETE	6.1 TITLE			Cha	nge 🗌 Addition
NAME			6.2 NAME			•	ł
i			6.3 STREET	ADDRESS			}
STREET ADDRESS			6.4 CITY-ST	1			ł
CITY-ST-ZIP	<u></u>		0.4 0111-01		Costine 110 07/2Vi) Florida Statutas I		 _

I 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 informati 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 eath; that I am an officer or director of the corporation of 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, with all other like empowered.

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Applied For

Not Applicable