


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743075</b>	
1. Entity Name MARTIN LUTHER KING, JR. COMMISSION OF FLORIDA, INC.	

Principal Place of Business 1712 NE WALDO ROAD GAINESVILLE, FL 32609 US	Mailing Address P.O. BOX 2092 GAINESVILLE, FL 32602
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**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1932327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LONG, RODNEY 3609 NE 156TH AVE GAINESVILLE, FL 32609
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, RODNEY 3609 NE 156TH AVENUE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAWLS, REYNOLDS I 611-102 S.W. 75TH ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HART, WILLIAMS J 2917 N.E. 14TH ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMSEUR, DORCAS 1020A NE 2ND ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIX-JOHNSON, JANICE 6114 SE COUNTY RD 234 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H FOXX, EVELYN 1601 SE 13 PLACE GAINESVILLE, FL 32641

UD00000534643  
05/08/06-80020-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06 352 376 2462