

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2004
Secretary of State**

DOCUMENT# N01000006280

Entity Name: MARTIN LUTHER KING ACADEMY, INC.

Current Principal Place of Business:

1513 NE 40TH PL
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1513 NE 40TH PL
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 02-0552775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, NAOMI
1513 NE 40TH PL
GAINESVILLE, FL 32609

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, NAOMI
Address: 1513 NE 40TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: V () Delete
Name: LEWIN, PATSY
Address: 1840 NW 11 RD
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: MANNNDER, TRACIE
Address: 234 SE 1 ST
City-St-Zip: WILLISTON, FL 32969

Title: S (X) Delete
Name: SINDELAR, ROBIN
Address: 5125 SW 105 WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: NEWMAN, ARTHUR DR
Address: 1802 NW 11 RD
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SWAN, CATHERINE A
Address: 5400 NW 39 AVE, #Z-244
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAUNDER, TRACIE
Address: 234 SE 1 ST
City-St-Zip: WILLISTON, FL 32969

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: NEWMAN, ARTHUR DR
Address: 1802 NW 11 RD
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI WILLIAMS

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date