

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90321 040 ****61.25

DOCUMENT # NO1000006280

1. Entity Name

MARTIN LUTHER KING ACADEMY, INC.



Principal Place of Business

**1513 NE 40TH PL
GAINESVILLE FL 32609**

Mailing Address

**1513 NE 40TH PL
GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0552775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WILLIAMS, NAOMI**
STREET ADDRESS **1513 NE 40TH PL**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LEWIN, PATSY**
STREET ADDRESS **1840 NW 11 RD**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PAYNE, TRACIE**
STREET ADDRESS **234 SE 1 ST**
CITY-ST-ZIP **WILLISTON FL 32969**

TITLE ☒ Change ☐ Addition
NAME **MAUNDER, TRACIE P.**
STREET ADDRESS **234 SE 1ST ST**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **S** ☐ Delete
NAME **SINDELAR, ROBIN**
STREET ADDRESS **5125 SW 105 WAY**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NEWMAN, ARTHUR DR**
STREET ADDRESS **1802 NW 11 RD**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SWAN, CATHERINE A**
STREET ADDRESS **5400 NW 39 AVE, #Z-244**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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: *Naomi Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/9/03 ✓ 352-376-

Date

Daytime Phone #

352-376-

CR2E037 (10/02)