2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

TITLE

NAME STREET ADORESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Feb 04, 2008 8:00 am Secretary of State 02-04-2008 90039 033 ****61.25

☐ Change

☐ Change

Addition

☐ Addition

DOCUMENT # N0200000254 1. Entity Name MARTIN LUTHER KING, JR. CELEBRATION FOR FLORIDA, INC.				-04-2008 900		1.23
Principal Place of Business Lawrence Ronald Mailing Address DR. RONALD L. DURHAM, FRIENDSHIP BAPTIST DR. RONALD L. DURHAM, 539 GEORGE W. ENGRAM BLVD. 539 GEORGE W. ENGRAM DAYTONA BEACH, FL 32114		I BLVD.		1811 88111 88111 PRIN 881		BIIBI BI (TBI
2. Principal Place of Business - No P.O. Box #	3. Mailing Adaress 990	η				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01222008 Ch	ig-NP C	CR2E037 (12/06)	
City & State	Day Fond Beach	1,84	4. FEI Number 02-054232	6		pplied For ot Applicable
Zip Country	210 32120 L	Country	5. Certificate of Sta	atus Desired	S8.75 Ade Fee Require	
6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Regis	stered Agent	
BURHAM RONALD + Durham, Lawrence Ronald		Name	some			
110 ALEATHA DRIVE		Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH, FL 32114						
		City			FL Zip Coo	le
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8. The above named entity submits this statement for	r the purpose of changing its re	aistered office or registe	ered agent, or both, in	the State of Florida	a. I am familiar with.	and accept
The above named entity submits this statement fo the obligations of registered agent.	r the purpose of changing its re	gistered office or registe	ered agent, or both, in	the State of Florida	a. I am familiar with,	, and accept
the obligations of registered agent.	r the purpose of changing its re	gistered office or registe	ered agent, or both, in	the State of Florida	a. I am familiar with,	, and accept
		gistered office or registe		the State of Florida	a. I am familiar with,	, and accept
the obligations of registered agent. SIGNATURE		tegistered Agent signature require		Make		· · · · · · · · · · · · · · · · · · ·
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIF	9. Election Camp Trust Fund Cor	tegistered Agent signature require align Financing ntribution.	ad when reinstating) \$5.00 May Be	Make Florida	DATE Check payable to the che	itate
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12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an aftigress, with all other like afterwards.

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

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changed, or on an attachn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR