


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90039 033 \*\*\*\*61.25

<b>DOCUMENT # N02000000254</b>					
<b>1. Entity Name</b> MARTIN LUTHER KING, JR. CELEBRATION FOR FLORIDA, INC.					
<b>Principal Place of Business</b> <i>Lawrence Ronald</i> DR. RONALD L. DURHAM, FRIENDSHIP BAPTIST 539 GEORGE W. ENGRAM BLVD. DAYTONA BEACH, FL 32114			<b>Mailing Address</b> DR. RONALD L. DURHAM, FRIENDSHIP BAPTIST 539 GEORGE W. ENGRAM BLVD. DAYTONA BEACH, FL 32114		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>Same</i>		<b>3. Mailing Address</b> <i>P.O. Box 9907</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Daytona Beach, FL</i>		<b>4. FEI Number</b> 02-0542326	
Zip		Country		Applied For Not Applicable	
Zip <i>32120</i>		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DURHAM, RONALD L. <i>Durham, Lawrence Ronald</i> 110 ALEATHA DRIVE DAYTONA BEACH, FL 32114			<b>7. Name and Address of New Registered Agent</b> Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DURHAM, RONALD L. <i>Durham, Lawrence Ronald</i> 110 ALEATHA DRIVE DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Durham, Lawrence Ronald 110 Aleatha Drive Daytona Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SLATER, CYNTHIA 815 SOUTH KOTTLE CIRCLE DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LEWIS, LINDA 3960 LONG GROVE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Dr. Lawrence Ronald Durham</i> <b>Dr. Lawrence Ronald Durham</b> 01-28-08 386-2520323					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					