## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000012558

Jan 20, 2007 Secretary of State

Entity Name: DR. MARTIN LUTHER KING, JR. PARADE AND CULTURAL ENRICHMENT CENTER OF LAKELAND,

INC

Current Principal Place of Business: New Principal Place of Business:

916 WEST 9TH STREET LAKELAND, FL 33805

Current Mailing Address: New Mailing Address:

916 WEST 9TH STREET LAKELAND, FL 33805

FEI Number: 20-8267661 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMMONS, CHRISTINE R 916 WEST 9TH STREET LAKELAND, FL 33805 US

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: CHRISTINE R SIMMONS

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

RODMAN, JOE

916 WEST 9TH STREET

LAKELAND, FL 33805

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition SIMMONS, CHRISTINE R Name: Name: 916 WEST 9TH STREET Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: Title: ( ) Delete () Change () Addition OWENS, VERA Name: Name: Address: 1007 WEST 14TH STREET Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: () Delete Title: () Change () Addition BAILEY, DORIS M Name: Name: 7938 BENJAMIN DRIVE Address: Address: City-St-Zip: LAKELAND, FL 338105140 City-St-Zip: Title: ( ) Delete Title: () Change () Addition M Name: ROBINSON, LORENZO Name: 1929 PROVIDENCE ROAD Address: Address: City-St-Zip: LAKELAND, FL 33805 City-St-Zip: Title: () Delete Title: VP T (X) Change ( ) Addition BULLARD, ROBBIE Name: Name: HORACE, BAILEY 4125 STAFFORD STREET Address: Address: 740 PARK HILL AVE City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33801 Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINE R SIMMONS P 01/20/2007