FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22650** **(8)**

1. Corporation Name

MARTIN LUTHER KING, JR., COMMEMORATIVE CELEBRATION COMMITTEE OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
29 SOUTH SPRING STREET PENSACOLA FL 32501	29 SOUTH SPRING STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2862808 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BROWN, EUGENE
1504 YAWL CIRCLE
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD EX DIRECTOR	1.1 TITLE	EXC DIRECTOR	☒ Change ☐ Addition
NAME	YOUNG, JAMES S., DR. YOUNG JAMES S. DR.	1.2 NAME	YOUNG JAMES S DR	
STREET ADDRESS	800 W. LEE STREET 800 W LEE ST	1.3 STREET ADDRESS	800 W. LEE STREET	
CITY-ST-ZIP	PENSACOLA FL PENSACOLA FLA	1.4 CITY-ST-ZIP	PENSACOLA FLA	
TITLE	~~TD~~ T TREASR	2.1 TITLE	TREASURE	☒ Change ☐ Addition
NAME	~~KNIGHT, CHARLEA S.~~ D WILLIE MAE COLEMAN	2.2 NAME	WILLIE MAE COLEMAN	
STREET ADDRESS	~~1310 GUNRUNNER ROAD~~ 1611 EAST FISHER	2.3 STREET ADDRESS	1611 EAST FISHER	
CITY-ST-ZIP	~~PENSACOLA FL~~ PENSACOLA FLA	2.4 CITY-ST-ZIP	PENSACOLA FLA 32503	
TITLE	~~VPD~~ PRES - DIRECTOR	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BROWN, EUGENE EUGENE BROWN	3.2 NAME	EUGENE BROWN	
STREET ADDRESS	1504 YAWL CIRCLE 1504 YAWL CIRCLE	3.3 STREET ADDRESS	1504 YAWL CIRCLE	
CITY-ST-ZIP	PENSACOLA FL PENSACOLA FLA	3.4 CITY-ST-ZIP	PENSACOLA FLA 32505	
TITLE	VPD DIRECTOR	4.1 TITLE	VICE PRES	☐ Change ☐ Addition
NAME	JACKSON, ROBERT L. D JACKSON ROBERT L	4.2 NAME	610 SPENCER AVE	
STREET ADDRESS	610 SPENCER AVENUE 610 SPENCER AVE	4.3 STREET ADDRESS	ROBERT L JACKSON	
CITY-ST-ZIP	PENSACOLA FL PENSACOLA FLA	4.4 CITY-ST-ZIP	PENSACOLA FLA	
TITLE	CS	5.1 TITLE	C S	☐ Change ☐ Addition
NAME	CARTLEDGE, JEWELL A	5.2 NAME	CARTLEDGE JEWELL A	
STREET ADDRESS	2403 CAVALLA LOOP	5.3 STREET ADDRESS	2403 CAVALLA LOOP	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA FLA	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Brown MARCH 3 1995 904-434-2431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
EUGENE BROWN

0021100