

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N22650

1. Entity Name
**MARTIN LUTHER KING, JR., COMMEMORATIVE
CELEBRATION COMMITTEE OF PENSACOLA, INC.**



Principal Place of Business
**14 WEST JORDAN STREET
SUITE 2-E
PENSACOLA, FL 32501**

Mailing Address
**14 WEST JORDAN STREET
SUITE 2-E
PENSACOLA, FL 32501**



08182006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2862808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, EUGENE
1504 YAWL CIRCLE
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED YOUNG, JAMES S DR 800 W. LEE STREET PENSACOLA, FL 32505
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, WILLIE M 1611 EAST FISHER PENSACOLA, FL 32503
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, EUGENE 1504 YAWL CIRCLE PENSACOLA, FL 32505
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, ROBERT L 610 SPENCER AVENUE PENSACOLA, FL 32514
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CARTLEDGE, JEWELL A 2403 CAVALLA LOOP PENSACOLA, FL 32526
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, MYLES ELDER 720 SMILEY AVENUE PENSACOLA, FL 32514
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08/22/06-80004-025 61.25

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IN THIS SPACE**

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.

SIGNATURE: Eugene Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-06 850.437.0510

Date

Daytime Phone #