

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90097 012 ****61.25

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DOCUMENT # N22650

1. Entity Name

**MARTIN LUTHER KING, JR., COMMEMORATIVE CELEBRATI
ON COMMITTEE OF PENSACOLA, INC.**



Principal Place of Business

**29 SOUTH SPRING STREET
PENSACOLA FL 32501**

Mailing Address

**29 SOUTH SPRING STREET
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2862808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Delete
NAME **YOUNG, JAMES S., DR.**
STREET ADDRESS **800 W. LEE STREET**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
NAME *Dr. James S. Young*
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COLEMAN, WILLIE M**
STREET ADDRESS **1611 EAST FISHER**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME *Willie M. Coleman*
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BROWN, EUGENE**
STREET ADDRESS **1504 YAWL CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
NAME *Eugene Brown*
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **JACKSON, ROBERT L.**
STREET ADDRESS **610 SPENCER AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME *Robert L. Jackson*
STREET ADDRESS
CITY-ST-ZIP

TITLE **CS** ☐ Delete
NAME **CARTLEDGE, JEWELL A**
STREET ADDRESS **2403 CAVALLA LOOP**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Change ☐ Addition
NAME *Jewell A. Cartledge*
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRYANT, MYLES ELDER**
STREET ADDRESS **720 SMILEY AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME *Myles E. Bryant*
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

Eugene Brown

Aug 4 2003 - 850-4342431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)