2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N25557

1. Entity Name
HILLSBOROUGH COUNTY EMPLOYEES' MARTIN LUTHER KING, JR. MEMORIAL SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
601 EAST KENNEDY BLVD. TAMPA, FL 33601	P.O. BOX 173041 TAMPA, FL 33672-0041 US

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2897179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DEBORAH
601 E KENNEDY BLVD
25TH FL
TAMPA, FL 33601

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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 Deborah Thomas Deborah Thomas, Asst. Treas. 1-13-06
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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, CHARLES
STREET ADDRESS	601 EAST KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	VPD
NAME	LONDON, JANICE
STREET ADDRESS	411 NORTH FRANKLIN STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPD
NAME	FORT, CLARENCE
STREET ADDRESS	4907-84TH STREET, SOUTH
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	TT
NAME	WALKER, VIVIAN N
STREET ADDRESS	306 EAST JACKSON ST 7E
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	ST
NAME	LOSURDO, STEPHANIE
STREET ADDRESS	900 N. ASHLEY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TD
NAME	FREEMAN, GERALDINE
STREET ADDRESS	601 EAST KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33601

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02/06/06-80021-021 61.25

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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: Vivian N Walker Vivian N Walker 1-13-06 813-274-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #