## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 24, 2008 8:00 am Secretary of State

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DOCUMENT # N25557  1. Entity Name HILLSBOROUGH COUNTY EMPLOYEES' MARTIN LUTHER KING, JR. MEMORIAL SCHOLARSHIP FUND, INC.								03-24	-2008	90076	026 ****	70.00	
Principal Place of Business 601 EAST KENNEDY BLVD. TAMPA, FL 33601			P.O.	Mailing Address P.O. BOX 173041 TAMPA, FL 33672-0041 US						5	000	1451	
Principal Place of Business - No P.O. Box # 3. Mailing Address					<del></del>	· · ·							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03202008	Chg-NP		CR2E	37 (12/06)	
City & State			Ci	City & State				4. FEI Numb 59-289					oplied For of Applicable
Zip	Country		Zij	Zip C		intry	5. Certificate of Status Desired			sired	4	\$8.75 Ad Fee Require	
	6. Name a	and Address of Current	Registere	ed Agent				7. Name and	Address of	New Re	gistered	Agent	
THOMAS, DEBORAH 601 E KENNEDY BLVD 25TH FL						Name Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FI	L 33601					City	<del></del> .	<del></del>	<del></del>		F	Zip Coo	le
D. The above		submits this statement for		and of changing its	- a ninta-	od office o	anintar	ad accet or be	th is the Cto	to of Flor		<u> </u>	
	rnamed entity tions of registe		a me burb	lose of changing its	registere	ea onice o	r registen	ed agent, or bu	411, 111 LING 318	IO OI MOI	ioa. Tari	TRACTIMENT WILL	, and accept
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SIGNATURE .	Med	nak U	M	as	S. Danistan				<u> </u>	(	3/2	1/08	<del></del>
SIGNATURE .	Signature, typed o	nad ul r printed name of registered agent	MC and tittle if app	Oicable (NOT)	E: Registere	d Agent signat	beriuper eru:	when reinstating)			3/2 DATE	1/08	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Filing Fee	nal 4 printed name of registered agent be is \$61.25 ay 1, 2008	and title if app	9. Election Car Trust Fund C	npaign F	inancing	cure required	when reinstating) \$5.00 May I Added to Fees	Be .			ck payable t	
SIGNATURE	Filing Fee	is \$61.25		9. Election Car Trust Fund (	npaign F	inancing	<b>D</b>	\$5.00 May (		Florid	da Depa	ertment of S	tate
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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. Vivian N Walker 3/20/08

CITY-ST-ZIP

SIGNATURE: Huran

CLTY-ST-ZIP

ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED HAME OF SIGN