

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90076 026 ****70.00

DOCUMENT # N25557

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



Principal Place of Business
**601 EAST KENNEDY BLVD.
TAMPA, FL 33601**

Mailing Address
**P.O. BOX 173041
TAMPA, FL 33672-0041 US**

50001451



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

Deborah Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME RUSSELL, JOYCE
STREET ADDRESS 601 EAST KENNEDY BLVD
CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LONDON, JANICE
STREET ADDRESS 411 NORTH FRANKLIN STREET
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME FREEMAN, GERALDINE
STREET ADDRESS 601 EAST KENNEDY BLVD
CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TT ☐ Delete
NAME WALKER, VIVIAN N
STREET ADDRESS 306 EAST JACKSON ST 7E
CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MACK, DIANE
STREET ADDRESS 900 N. ASHLEY
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition
NAME *ST Shaw, Diane*
STREET ADDRESS *900 N Ashley*
CITY-ST-ZIP *Tampa, FL 33602*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/20/08

813-274-8439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #