

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90317 039 ****61.25

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**

10014861



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2897179**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
412 E MADISON AV STE 1102
TAMPA FL 33602**

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

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 **KEEL, JIMMY**
STREET ADDRESS **601 EAST KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE **PD** ☒ Change ☐ Addition
NAME **DAVIS, CHARLES**
STREET ADDRESS **601 EAST KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33601**

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 **FORT, CLARENCE**
STREET ADDRESS **4907-84TH STREET, SOUTH**
CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE **TT** ☒ Delete
NAME **BRYANT, LONNIE**
STREET ADDRESS **601 EAST KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33601**

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

TITLE **ST** ☐ Delete
NAME **SIMS, YVETTE**
STREET ADDRESS **4817 NORTH FLORIDA AVE**
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **TD** ☒ Delete
NAME **WALKER, VIVIAN N**
STREET ADDRESS **306 E JACKSON ST 7E**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TD** ☒ Change ☐ Addition
NAME **FREEMAN, GERALDINE**
STREET ADDRESS **601 EAST KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33601**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Walter N Walker 1-27-03 813-274-8439

CR2E037 (10/02)