2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N32514

1. Entity Name
MARTIN LUTHER KING, JR. COMMEMORATIVE COMMITTEE, INC. OF SAINT LUCIE COUNTY, FLORIDA

Principal Place of Business	Mailing Address
800 VIRGINIA AVENUE SUITE 10 FORT PIERCE, FL 34982	P.O. BOX 3671 FORT PIERCE, FL 34948-3671

DO NOT WRITE IN THIS SPACE

03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0134582

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENTON, MARGARET A
800 VIRGINIA AVENUE
SUITE 10
FORT PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	WAKER, GERTRUDE
STREET ADDRESS	707 N 16TH ST
CITY-ST-ZIP	FT PIERCE FL,
TITLE	CPD
NAME	BENTON, MARGARET A
STREET ADDRESS	800 VIRGINIA AVENUE, #10
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	T
NAME	JOHNSON, GLORIA
STREET ADDRESS	8655 PINE MARTIN LN
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	FS
NAME	MCCRARY, CHERYL
STREET ADDRESS	110 N 21ST STREET
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	V
NAME	DAVIS, RUTH
STREET ADDRESS	5904 PAPAYA DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	V
NAME	BUTLER, MARY HELEN
STREET ADDRESS	1618 AVENUE Q
CITY-ST-ZIP	FORT PIERCE, FL 34950

U00000491344
04/19/06-80017-016 70.00

DO NOT WRITE IN THIS SPACE

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: Margaret A Benton March 27, 2006 772 466-0995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #