2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED 09 DEC 30 PM 4: 25 DOCUMENT # N32514 1. Entity Name MARTIN LUTHER KING, JR. COMMEMORATIVE SECRETARY OF STATE TALLAHASSEE, FLORIDA COMMITTEE, INC. OF SAINT LUCIE COUNTY, FLORIDA Principal Place of Business Mailing Address 800 VIRGINIA AVENUE P.O. BOX 3671 FORT PIERCE, FL 34948 SUITE 10 FORT PIERCE, FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11192008 REIN-NP CR2E099 (1/07) 4. FEI Number 65-0134582 City & State Applied For City & State Not Applicable Zıp Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENTON, MARGARET A Street Address (P.O. Box Number is Not Acceptable) 800 VIRGINIA AVENUE SUITE 10 FORT PIERCE, FL 34982 City Zip Code FL 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$122.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE n ☐ Defete HUE Change ☐ Addition WAKER, GERTRUDE NAME NAME 000139355980 STREET ADDRESS 707 N 16TH ST STREET ADDRESS 12/30/08--01034--004 **61.25 FT PIERCE FL, CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE Delete TITLE BENTON, MARGARET A NAME NAME 000139355980 2/30/08--01034--005 *** STREET ADDRESS 800 VIRGINIA AVENUE, #10 STREET ADDRESS **8.75 CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition JOHNSON, GLORIA NAME 8655 PINE MARTIN LN STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34947 TITLE ☐ Celete TITLE Change ☐ Addition MCCRARY, CHERYL NAME NAME STREET ADDRESS 110 N 21ST STREET STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34950 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TATLE BURNS, SIMMIE NAME 1912 AVENUE G STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 34950 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE BUTLER, MARY HELEN NAME NAME STREET ADDRESS 1618 AVENUE Q STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34950 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 eath; that I am an officer or director of the corporation or the receiver or trustee emptone and that my same appears in Block 10 or Block 11 if