

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34275

FILED  
Aug 10, 2006  
Secretary of State

**Entity Name:** THE DR. MARTIN LUTHER KING, JR. MEMORIAL FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

101 EAST UNION STREET  
SUITE 100  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

101 EAST UNION STREET  
SUITE 100  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-2988025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMAS, GARY E.  
12719 SAMPSON ROAD  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, GARY E.,  
Address: 12719 SAMPSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete  
Name: NEAL, ANDRE',  
Address: 3127 CLYDE DR.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD ( ) Delete  
Name: SMITH, WILLA,  
Address: 6746 RHONE DR.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete  
Name: CARSWELL, JOSEPH  
Address: 3417 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete  
Name: MCLEOD, DOMINICA  
Address: 2564 COLD CREEK BLVD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD ( ) Delete  
Name: LOGAN, EUGENE  
Address: 3522 PINEHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: NORRELL, RANDALL  
Address: 712 VIOLET STREET  
City-St-Zip: TALLAHASSEE, FL 32308 62

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY E. THOMAS

PD

08/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date