2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N34275

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)**

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

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date