

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90003 039 ****61.25

DOCUMENT # N41157 1. Entity Name THE ST. PETERSBURG MARTIN LUTHER KING JR. COMMEMORATIVE ORGANIZATION, INC.					
Principal Place of Business 3801 39TH STREET ST. PETERSBURG, FL 33711 US			Mailing Address 3801 39TH STREET ST. PETERSBURG, FL 33711 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 16156 Suite, Apt. #, etc.			
City & State Zip Country		City & State St. Petersburg, FL Zip Country 33733 US		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent PACKER, WILLIAM 3801 39TH STREET ST. PETERSBURG, FL 33711					
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PACKER, WILLIAM	3801 39TH STREET	ST. PETERSBURG, FL 33711		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MIDDLETON, LEONTYNE	1111 18TH AVENUE S.	ST. PETERSBURG, FL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	SCOTT, VIRGINIA	2010 CAESAR WAY SOUTH	ST. PETERSBURG, FL 33712		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	WILLIAMS, CASSANDRA	4619 REDFISH LANE S.E.	ST. PETERSBURG, FL 33705		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	SANDERS, WILLIAM	4397 POMPANO DRIVE S.E.	ST. PETERSBURG, FL 33705		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:				6-14-06 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					