


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90033 014 ****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 P.O. BOX 16156 SAINT PETERSBURG, FL 33733 US		
2. Principal Place of Business - No P.O. Box # 2010 - Caesar Way So		3. Mailing Address P.O. Box 16156			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg FL		4. FEI Number NOT APPLICABLE	
Zip 33712		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PACKER, WILLIAM 3801 39TH STREET ST. PETERSBURG, FL 33711 <i>Deceased</i>		7. Name and Address of New Registered Agent Name: <i>Virginia J. Scott</i> Street Address (P.O. Box Number is Not Acceptable): 2010 - Caesar Way South City: <i>St. Petersburg</i> FL Zip Code <i>33712</i>			
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: <i>Virginia J. Scott</i> <i>1/5/10</i> <i>5-10-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PACKER, WILLIAM 3801 39TH STREET ST. PETERSBURG, FL 33711 <i>Deceased</i>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIDDLETON, LEONTYNE 1111 18TH AVENUE S. ST. PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCOTT, VIRGINIA 2010 CAESAR WAY SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>1/5/10</i> <i>Scott, Virginia</i> <i>2010 Caesar Way So</i> <i>St. Petersburg, FL 33712</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Title change</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M SANDERS, WILLIAM 4397 POMPAÑO DRIVE S.E. ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Abdul K. Ali 4005 - Cortez Way So St. Petersburg, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Abdul K. Ali 4005 - Cortez Way So St. Petersburg, FL 33712	<input type="checkbox"/> Delete	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: <i>Virginia J. Scott</i>			<i>5-10-08</i>		<i>727 867-5893</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>