2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41157

FILED May 17, 2009 Secretary of State

Entity Name: THE ST. PETERSBURG MARTIN LUTHER KING JR. COMMEMORATIVE ORGANIZATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2010-CAESAR WAY S SAINT PETERSBURG, FL 33712 US **Current Mailing Address: New Mailing Address:** P.O. BOX 16156 SAINT PETERSBURG, FL 33733 US FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () 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: Name and Address of New Registered Agent: SCOTT, VIRGINIA J SCOTT, VIRGINIA J RA 2010-CÁESAR WAY S 2010-CAESAR WAY S SAINT PETERSBURG, FL 33712 US SAINT PETERSBURG, FL 33712 US 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: VIRGINIA J. SCOTT 05/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MIDDLETON, LEONTYNE Name: Name: 1111 18TH AVENUE S. Address: Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: VSD () Delete Title: (X) Change () Addition SCOTT, VIRGINIA Name: Name: SCOTT, VIRGINIA Address: 2010 CAESAR WAY S Address: 2010 CAESAR WAY S City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: SAINT PETERSBURG, FL 33712 Title: VD. () Delete Title: () Change () Addition ALI, ABDUL K Name: Name: 4005-CORTEZ WAY S Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33712 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: VIRGINIA J. SCOTT D 05/17/2009