



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90003 006 ****61.25

DOCUMENT # N95000003182 1. Entity Name DON KING FOUNDATION, INC.					
Principal Place of Business 501 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 US			Mailing Address 501 FAIRWAY DR DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address		 05202005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 31-1470430				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DON KING PRODUCTIONS, INC. 501 FAIRWAY DR DEERFIELD BEACH, FL 33441			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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, DON		NAME		
STREET ADDRESS	501 FAIRWAY DR		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441		CITY - ST - ZIP		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, HENRIETTA		NAME		
STREET ADDRESS	501 FAIRWAY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441		CITY - ST - ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOMAX, CHARLES		NAME		
STREET ADDRESS	501 FAIRWAY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Charles Y. Lomax, President</i>			Date <i>6/13/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone</small>		