

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**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**



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1470430**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DON KING PRODUCTIONS, INC.  
501 FAIRWAY DR  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KING, DON
STREET ADDRESS	501 FAIRWAY DR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VPTD
NAME	KING, HENRIETTA
STREET ADDRESS	501 FAIRWAY DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VPSD
NAME	LOMAX, CHARLES
STREET ADDRESS	501 FAIRWAY DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000508703  
04/28/06-80014-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Don King*  
Don King

2-13-06

(954) 418-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #