

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
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



01242008 No Chg-NP

CR2E037 (4/06)

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000000031667
04/16/08 80010-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
KING, DON
501 FAIRWAY DR
DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPTD
KING, HENRIETTA
501 FAIRWAY DRIVE
DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPSD
LOMAX, CHARLES
501 FAIRWAY DRIVE
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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/08

Date

(954) 478-5800

Daytime Phone #