2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000006756

1. Entity Name
THE MLK FOUNDATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
630 W BREVARD STREET	630 W BREVARD STREET
TALLAHASSEE, FL 32304 US	TALLAHASSEE, FL 32304 US

04212006   Chg-NP   CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number
59-3480556
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEASLEY, S.K. 630 W. BREVARD ST. TALLAHASSEE, FL 32304	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

100072944721
05/01/06--01004--011 **61.25

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D BEASLEY, S.K. 630 W. BREVARD ST. TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~BOWDEN, CHERYL A~~ ~~630 W. BREVARD ST.~~ ~~TALLAHASSEE, FL 32304~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ms. Ellene Beasley Kell 630 w. Brevard St. Tallahassee, Fla 32304 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~LOCKETT, AVIS~~ 630 W. BREVARD ST. TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Curtis Williams 630 w, Brevard st Tallahassee, Fla 04 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Sylvia K. Beasley_

4-21-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

K. Eckel APR 21 2006