

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-29-2001 90011 045 ****61.25

DOCUMENT # N99000000779

1. Entity Name

MARTIN LUTHER KING JR. SCHOLARSHIP COMMITTEE, INC

Principal Place of Business

111 S.E. 9TH ST.
FT. MEADE FL 33841

Mailing Address

P.O. BOX 729
FT. MEADE FL 33841

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

59-3559079

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, MAURICE
15 CHEROKEE AVE.
FT. MEADE FL 33841

7. Name and Address of New Registered Agent

Name
Brenda Bonney

Street Address (P.O. Box Number is Not Acceptable)

17 SE 3rd Street

City
Fort Meade

FL

Zip Code
33841

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.

SIGNATURE Brenda Bonney

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

Brenda Bonney

5-18-01

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHURST, JEWEL 515 S CHARLESTON RD FORT MEADE FL 33841	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARFIELD, JIMMY 107 9TH ST SE FORT MEADE FL 33841	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GADSON, ANNIE LOU 122 8TH ST SE FORT MEADE FL 33841	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, DORIS 1940 MARTIN LUTHER KING JR BLVD E BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BETTY BOWERS 850 S PINE AVE FORT MEADE FL 33841	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Director Mary Alice Tucker 113 8th Street SE Fort Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Director Willie C. Williams 801 S Morrison Ave Fort Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Director Annie Lou Gadson 122 8th St SE Fort Meade, FL 33841	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Director Doris Jones 1940 Martin Luther King Jr Blvd E Bartow, FL 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parliamentarian Director Betty Bowers Johnson 850 S Pine Ave Fort Meade, FL 33841	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is 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:

Mary Alice Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)
Mary Alice TuckerMay 21, 2001 (863) 375-2252
Date Daytime Phone

75749



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)