

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91003 048 ****61.25

DOCUMENT # N99000000779

1. Entity Name
MARTIN LUTHER KING JR. SCHOLARSHIP COMMITTEE, INC.



Principal Place of Business
**400 SOUTH CHARLESTON AVE.
2
FORT MEADE, FL 33841**

Mailing Address
**P.O. BOX 1053
FORT MEADE, FL 33841**



2. Principal Place of Business
111 Southeast 9th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State
Ft. Meade Florida

City & State

4. FEI Number
59-3559079

Applied For
Not Applicable

Zip
33841

Country
Polk

Zip

Country

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

6. Name and Address of Current Registered Agent

**WILLIAMS, WILLIE C
801 S HARRISON AVENUE
FT. MEADE, FL 33841**

7. Name and Address of New Registered Agent

Name **Willie C. Williams**
Street Address (P.O. Box Number is Not Acceptable)
801 South Harrison Avenue
City **Ft. 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. 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, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUCKER, MARY A	
STREET ADDRESS	4822 SALLEY BLVD	
CITY-ST-ZIP	BOWLING GREEN, FL 33834	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIE C	
STREET ADDRESS	801 S MORRISON AVE	
CITY-ST-ZIP	FORT MEADE, FL 33841	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BETTY BOWERS	
STREET ADDRESS	850 S PINE AVE	
CITY-ST-ZIP	FORT MEADE, FL 33841	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, DORIS	
STREET ADDRESS	1940 MARTIN LUTHER KING JR BLVD E	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, MARY A.	
STREET ADDRESS	4822 SALLEY BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary A. Tucker	
STREET ADDRESS	4822 Salley Blvd.	
CITY-ST-ZIP	Bowling Green, Fla. 33834	
TITLE	D/RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie C. Williams	
STREET ADDRESS	801 S. Morrison Avenue	
CITY-ST-ZIP	Ft. Meade, Fla. 33841	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Robinson	
STREET ADDRESS	19 Southwest Third Street	
CITY-ST-ZIP	Ft Meade, Fla 33841	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Camp	
STREET ADDRESS	PO Box 154	
CITY-ST-ZIP	Ft Meade, Fla. 33841	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer M. Camp 4/22/04 205-9072