

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006381**

1. Entity Name



**DR. MARTIN LUTHER KING JR. CELEBRATION  
COMMITTEE OF ST. JOHNS COUNTY INCORPORATION**

Principal Place of Business

Mailing Address

**18 CHRISTOPHER STREET  
ST. AUGUSTINE FL 32095**

**18 CHRISTOPHER STREET  
ST. AUGUSTINE FL 32095**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3713852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERSON, WILBER  
17 ROLLINS AVENUE  
ST. AUGUSTINE FL 32095**

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 reissuing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 ☐ Delete  
NAME LOWNDES, ALMARENE C  
STREET ADDRESS 18 CHRISTOPHER STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE VD ☐ Delete  
NAME MOTLEY, RUTH  
STREET ADDRESS 18 S. WHITNEY STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE TD ☐ Delete  
NAME BRYANT, JACQUELINE  
STREET ADDRESS 904 CHIPPEWA STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ Delete  
NAME ROBERSON, WILBER  
STREET ADDRESS 17 ROLLINS AVENUE  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE S ☐ Delete  
NAME SONOE, FANNIS  
STREET ADDRESS 6 CHRISTOPHER ST  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000630436  
CITY-ST-ZIP 02/20/07-80004-021 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Almaren C. Lowndes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/07

(904) 82-9612