

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006381

FILED
Apr 27, 2009
Secretary of State

Entity Name: DR. MARTIN LUTHER KING JR. CELEBRATION COMMITTEE OF ST. JOHNS COUNTY
INCORPORATION

Current Principal Place of Business:

18 CHRISTOPHER STREET
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

18 CHRISTOPHER STREET
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3713852 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWNDES, ALMARENE C
Address: 18 CHRISTOPHER STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VD () Delete
Name: MOTLEY, RUTH
Address: 18 S. WHITNEY STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: TD () Delete
Name: BRYANT, JACQUELINE
Address: 904 CHIPPEWA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: ROBERSON, WILBER
Address: 17 ROLLINS AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: S () Delete
Name: SONCE, FANNIS
Address: 6 CHRISTOPHER ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALMARENE C. LOWNDES

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date