

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 APR 19 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702347 (6)**

1. Corporation Name  
**MARTIN LUTHER FOUNDATION, INC.**

Principal Place of Business <b>5150 EAST PACIFIC COAST HWY STE. #600 LONG BEACH CA 90804 US</b>	Mailing Address <b>5150 EAST PACIFIC COAST HWY STE. #600 LONG BEACH CA 90804 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/27/1961</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>58-0931120</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>JOSEPH, LAVERNE</b>
STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY #600</b>
CITY - ST - ZIP	<b>LONG BEACH CA 90804</b>
TITLE	<b>VTD</b>
NAME	<b>MARGETIC, STEVE</b>
STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY #600</b>
CITY - ST - ZIP	<b>LONG BEACH CA 90804</b>
TITLE	<b>D</b>
NAME	<b>RADER, WILLIAM E.</b>
STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY #600</b>
CITY - ST - ZIP	<b>LONG BEACH CA 90804</b>
TITLE	<b>D</b>
NAME	<b>TRNKA, JOHN E.</b>
STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY #600</b>
CITY - ST - ZIP	<b>LONG BEACH CA 90804</b>
TITLE	<b>SD</b>
NAME	<b>LISTOE, LINDA</b>
STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY #600</b>
CITY - ST - ZIP	<b>LONG BEACH CA 90804</b>
TITLE	<b>D</b>
NAME	<b>FRANK, ERNEST F</b>
STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY #600</b>
CITY - ST - ZIP	<b>LONG BEACH CA 90802</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D REX CHAIKIAN</b>
6.3 STREET ADDRESS	<b>5150 E. PACIFIC COAST HWY, #600</b>
6.4 CITY - ST - ZIP	<b>LONG BEACH, CA 90802</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/14/95** **310/597-5541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR