

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702347 (6)

1. Corporation Name
MARTIN LUTHER FOUNDATION, INC.



Principal Place of Business: 5150 EAST PACIFIC COAST HWY STE. #600 LONG BEACH CA 90804 US
Mailing Address: 5150 EAST PACIFIC COAST HWY STE. #600 LONG BEACH CA 90804 US

3. Date Incorporated or Qualified: 04/27/1961
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country
2a. Mailing Address (25-30): Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: 59-0931120
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPH, LAVERNE	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA 90804	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MARGETIC, STEVE	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA 90804	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RADER, WILLIAM E.	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA 90804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRNKA, JOHN E.	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA 90804	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LISTOE, LINDA	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA 90804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, REX	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D MOORE, JEAN
33 STREET ADDRESS	5150 E PACIFIC COAST HWY, #600
34 CITY-ST-ZIP	LONG BEACH CA 90804 3312
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Mortham* 4/29/96 310/597-5541
DATE DAYTIME PHONE #

CR2E037 (12/95)