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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90051 025 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 702347**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**04/27/1961**

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

9. Name and Address of Current Registered Agent

**NRAI SERVICES INC**  
**526 EAST PARK AVE**  
**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

Signature, typed or printed name of registered agent and title if applicable.

(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 type="checkbox"/> DELETE
NAME	MOORE, JEAN	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA	
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 checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, REX	
STREET ADDRESS	5150 E. PACIFIC COAST HWY #600	
CITY-ST-ZIP	LONG BEACH CA	

13. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donald W. King
6.3 STREET ADDRESS	5150 E. Pacific Coast Hwy #600
6.4 CITY-ST-ZIP	Long Beach, CA 90804-3312

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
Linda Listoe, Secretary

**4/22/99**

(562) 597-5541

Daytime Phone:

CR2E037 (11/98)