

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 702347

1. Entity Name

MARTIN LUTHER FOUNDATION, INC.



Principal Place of Business

6200 CENTRAL AVENUE
SAINT PETERSBURG, FL 33707 US

Mailing Address

C/O RHF, 911 N STUDEBAKER RD
LONG BEACH, CA 90815-4900 US



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-0931120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 EAST PARK AVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOSEPH, LAVERNE
STREET ADDRESS 911 N STUDEBAKER RD
CITY-ST-ZIP LONG BEACH, CA 90815

TITLE TD
NAME MASUDA, TOM S
STREET ADDRESS 911 N STUDEBAKER ROAD
CITY-ST-ZIP LONG BEACH, CA 90815

TITLE D
NAME MOORE, JEAN
STREET ADDRESS 911 N STUDEBAKER ROAD
CITY-ST-ZIP LONG BEACH, CA 90815

TITLE D
NAME TRNKA, JOHN E.
STREET ADDRESS 911 STUDEBAKER ROAD
CITY-ST-ZIP LONG BEACH, CA 90815

TITLE S
NAME LISTOE, LINDA
STREET ADDRESS 911 STUDEBAKER RD
CITY-ST-ZIP LONG BEACH, CA 90815

TITLE VD
NAME KING, DONALD W
STREET ADDRESS 911 N STUDEBAKER ROAD
CITY-ST-ZIP LONG BEACH, CA 90815

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02/11/04-80031-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda Listoe

Linda Listoe, Secretary

2/6/04

562 257-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #