

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702347**

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



Principal Place of Business  
**2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US**

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

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-0931120**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NATIONAL REGISTERED AGENTS, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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)

**04/29/08-20023-007 61.25**

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
STOUFF, DEBORAH J  
911 STUDEBAKER ROAD  
LONG BEACH, CA 90815**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DREMSTEDT, JEAN  
911 STUDEBAKER RD  
LONG BEACH, CA 90815**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EAST, RAYMOND  
911 N STUDEBAKER ROAD  
LONG BEACH, CA 90815**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Deborah J. Stouff **Deborah J. Stouff, Secretary** **4-2-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**562-257-5100**

Daytime Phone #