FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

MARTIN LUTHER KING, JR. COMMEMORATIVE COMMITTEE, INC. OF SAINT LUCIE COUNTY, FLORIDA

Principal Place of Business C/O HARVERT L. FENN 2601 AVENUE I FT PIERCE FL 34947		Mailing Address) 1980)fat god ribid finge gelde nisk gehr gehr gehr gehr gehr gehr gehr gehr			
		C/O HARVERT L. FENN 2601 AVENUE I FT PIERCE FL 34947-5978							
					ļ				
				3	Date Incorporated or Qualified 05/25/1989	3a. Date of Last R 03/12/19	eport 196		
2. Principal P	lace of Business	2a. Mailing Address				. FEI Number	Ar	plied For	
21		28				65-0134582		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certificate of Status Desired	\$8.75		
22		City 9 Ctato					Fee Re	quired	
City & State	3	City & State			6	i. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Country	Zip	Country	,		. This corporation has liability for it			
24	25	29 3			ľ		Yes No	, 100.002,	
	9. Name and Address of Curre				10). Name and Address of New Re	gistered Agent		
			81	Name					
	HAVERT L.		82	Street	Address (P.O. Box Number is Not Acceptab	le)		
2601 AVENUE I									
FT PIERCE FL 34947			83	83					
ı			B4	City			FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617 1508, Florida Statutes	, the abov	e-named	corporati	ion submits this statement for the p	urpose of changing i	ts registered	
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au igations of, Section 617.0503, Flori	thorized b da Statute	y the cor; s.	poration's	board of directors. I hereby accep	ot the appointment as	registered	
SIGNATURE			-						
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: NO DIRECTORS	Registered Ag	ent signature	required who	on reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	OC IN 12	
12.	PD OFFICERS A	DELETE	1.1 TITLE		D (Di	rector)	Change	_ Addition	
NAME	WALKER, GERTRUDE		1.2 NAME		,- ,-	,			
STREET ADORESS	707 N 16TH ST		5	T ADDRESS		•			
CITY-ST-ZIP	FT PIERCE FL		1.4 City-ST-ZiP						
TITLE	VD	DELETE	2.1 TITLE T		T/D (Treasurer/Director) 💢 Change	Addition	
NAME	Fenn, Havert L.		2.2 NAME						
STREET ADDRESS	2601 AVENUE I		2.3 STREE	T ADDRESS					
CITY+ST-ZIP	FT PIERCE FL	T otieve	2. 4 CITY-	ST-ZIP	ļ			T. Address	
TITLE	SD CLEATH CLEO	☐ DELETE	3.1 TITLE				Change	Addition Addition	
NAME CONTEX ADDRESS	LEATH, CLEO 2606 AVENUE N		3.2 NAME						
STREET ADDRESS	FT PIERCE FL		1	T ADDRESS	}				
CITY-ST-ZIP	BM	DELETE	3.4. CITY - 4.1 TITLE	D1+411	 		☐ Change	☐ Addition	
NAME	DAVIS, KATRINA C.		4. 2 NAME						
STREET ADDRESS	2403 CANOE CREEK LANE		1	T ADDRESS	Ì				
CITY-ST-ZIP	FT. PIERCE FL	-	4.4 CITY-			•			
TITLE	BM	X DELETE	5.1 TITLE		P/D (President/Director) Change	X Addition	
NAME	LEE, SR. J		52 NAME		Mary	Helen Butler	-		
STREET ADDRESS	2849 HARSON WAY			T ADDRESS		Avenue Q			
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-	ST-ZIP		Pierce, FL 34950			
TITLE	D	☐ DELETE	6.1 TITLE		V/D (Vice President/Dir	ector) X Change	Addition	
NAME	STEWART, CHARLES		6.2 NAME						
STREET ADDRESS	1850N BLACKWELL DR		6.3 STREE	T ADDRESS					
	DODE OF LUCIE EI				1				

REPHavert L. Fenn 1-10-97

14. I do 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 discept as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an attachment with an address. (561) 461-7336

FILED

Jan 27 1997 8:00am

Secretary of State

Daytime Phone # 0070775