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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N32514 (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: C/O HARVERT L. FENN, 2601 AVENUE I, FT PIERCE FL 34947-5978

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 03/12/1996

21-24: Principal Place of Business details (Suite, City, State, Zip, Country)
25-30: Mailing Address details (Suite, City, State, Zip, Country)
4. FEI Number: 65-0134582
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$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: FENN, HAVERT L., 2601 AVENUE I, FT PIERCE FL 34947
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include PD WALKER, GERTRUDE; VD FENN, HAVERT L.; SD LEATH, CLEO; BM DAVIS, KATRINA C.; BM LEE, SR. J; D STEWART, CHARLES; and D (Director); T/D (Treasurer/Director); P/D (President/Director) Mary Helen Butler; V/D (Vice President/Director).

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 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: *Harvert L. Fenn* HARVERT L. FENN 1-10-97 (561) 461-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070775

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