## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

6116 NW 7TH AVENUE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**Corporation Name 734428

(6)

Mailing Address

6116 NW 7TH AVENUE

## MARTIN LUTHER KING ECONOMIC DEVELOPMENT CORPORAT

mpon (C 0014)	MICHAEL E 03/27-11/2	03/2/-11/2			11/25/1975				
					4. FEI Number		Ar	plied For	
					59-2042422		_ No	aldabilqqA to	
2. Principal Place of Business 20. Mailing Address					5. Certificate of Status		\$8.75	Additional	
21 6116 N.W. 7th Avenue 26					- Cartinicate of States	Desired (A)	Fee Ro	equired	
Suite, Apt. #, etc. Suite, Apt. #			to.		6. Election Campaign	Financing	\$5.00	May Be	
22		27			Trust Fund Contribu	ution 🔲	Added to	Fees	
City & State City & State					7. Is this nonprofit cor			ባ?	
23	lami, Florida 28					Yes	X No		
Zip	Country	Zip	Count	ry	8. This corporation ow	ves or has paid the cu	rrent year Int	angible	
24 33127	25	29	30		Personal Property 1			] No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
Delete			8	1 Name	Vonda House Pla				
RAY-FAINTROX Kevin				Kevin Vaunn-Bla Address (P.O. Box Number is )					
AMANYKETHKAVEK 6116 N		.W. 7th Avenue		6116 N.W. 7th Avenue					
Miami, Florida 33127			8	3					
MANA 51: 23:123			<u>-</u>	4			1001 700	n. d.	
			8	1 - 7	Miami,	FL	. 85 Zip i	Code 127	
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 purpose with, and accept the obligations of Section 617,0503, Florida Statutes.									
office or n	egistered agent, or both, in the State of	Florida. Such change was a	uthorized I	by the corp	poration's board of directors. I l	hereby accept the arm	ointment as	registered	
V 4									
SIGNATURE A SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND		13.			ES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	C Delcia Ap	00,000	1.1 TITLE		DSA		^ Change	Addition	
NAME		aunn-Blackmon	1.2 NAM	E	Harry Anderson				
STREET ADDRESS	SALIS NW STHEAVE 6116 NV		1.3 STRE	ET ADDRESS	6116 NW 7th Aver	nue			
CITY-ST-ZIP	MIAMI FL Miami.		1.4 CITY		Miami, FL 33127				
TITLE XOSAXX Director LOGLETE			2 1 TITLE		D		Change	Addition	
NAME GRADY MUHAMMED			2.2 NAM		Barbara Johnson		•		
STREET ADDRESS 2157 N.W. 71 ST.					6100B NW 7th Ave	enne			
CITY-ST-ZIP	MIAMI FL		2,4 CITY		Miami. FL 33127				
TITLE	VC DELETC ADD	DELETE	3.1 TITLE				Change	X Addition	
NAME	ALEROX Henry	Kendrick	3.2 NAME		D		Ondingo	LAL FIGURES	
STREET ADDRESS		W 7th Avenue			Jeffery Neal				
				ET ADDRESS .	6116 NW 7th Ave	nue			
CITY-ST-ZIP	T 406	FL 33127	3.4. CITY		Miami, FT. 33127		Change	Addition	
TITLE	. P. 1616 R14 Do	meritte	4.1 TITLE		P		C Change	LA Addition	
NAME	XIAMES 2000K	W 7th Avenue	4, 2 NAM		Florence Rivers				
STREET ADDRESS	MONTH PROPERTY.	FL 33127	4.3 STRE	ET ADDRESS .	5751 NW 9th Ave	nue			
CITY-ST-ZIP	deve by vy		4.4 CITY		Miami, FL 33127		<del></del>		
TATLE	S	☐ DELETE	5.1 TITLE		D		☐ Change	Addition	
NAME	TERESA LEVERSON		5.2 NAME		Earnestine Wort				
STREET ADDRESS	6114 NW 7TH AVE.		5.3 STREI	et address	2431 NW 82nd St	reet		ļ	
CITY-ST-ZIP	MIAMI FL		5.4 CITY	ST-ZIP	Miami, FL 33147				
TITLE	Treasurer #2		6.1 TITLE	_	D		Change	Addition	
NAME DELE	<b>E LORMA&gt;SHUKBRE</b> Carl	H. Kruse	6.2 NAME		Rommie Loudd			ļ	
STREET ADDRESS	<del></del>	SW 128th Ave.	6.3 STREE	ET ADDRESS	1892 NW 112th S				
CITY-ST-ZIP	MIAMOSI Miam	i, FL 33175	6.4 CITY	ST-ZIP	Miami, Florida	33167	_		

SIGNATURE: ()11

Alberta Gray-Jules

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. April 20998 4/20/98

**FILED** 

May 05 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified