

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90043 029 \*\*\*\*\*70.00

**DOCUMENT # 734428**

1. Entity Name

**MARTIN LUTHER KING ECONOMIC DEVELOPMENT CORPORATION**



Principal Place of Business

Mailing Address

6114 NW 7TH AVENUE  
MIAMI FL 33127  
US

6114 NW 7TH AVENUE  
MIAMI FL 33127-112  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2042422

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HELEN STEWART~~  
~~813 NW 103RD STREET~~  
~~MIAMI FL 33150~~

**David Chiverton**  
**946 NW 46 ST.**  
**Miami FL 33127**

Name **David Chiverton**  
Street Address (P.O. Box Number is Not Acceptable)  
**946 NW 46 STREET**  
City **Miami** FL Zip Code **33127**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>VICE CHAIR</del>	<input type="checkbox"/> Delete
NAME	CHIVERTON, DAVID	
STREET ADDRESS	946 NW 46TH STREET	
CITY-STATE-ZIP	MIAMI FL 33127	
TITLE	BM	<input type="checkbox"/> Delete
NAME	HARDEMON, BILLY	
STREET ADDRESS	655 NW 48TH STREET	
CITY-STATE-ZIP	MIAMI FL 33127	
TITLE	<del>VICE CHAIR</del>	<input type="checkbox"/> Delete
NAME	STEWART, HELEN	
STREET ADDRESS	813 NW 103RD STREET	
CITY-STATE-ZIP	MIAMI FL 33150	
TITLE	<del>Treasurer and secretary</del>	<input type="checkbox"/> Delete
NAME	CUTLER, ANTHONY	
STREET ADDRESS	1735 NW 121ST STREET	
CITY-STATE-ZIP	MIAMI FL 33127	
TITLE	<del>BM Secretary</del> 3M	<input type="checkbox"/> Delete
NAME	SANDS, RONALD G	
STREET ADDRESS	1301 NW 50H STREET	
CITY-STATE-ZIP	MIAMI FL 33142	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ERROL	
STREET ADDRESS	520 NE 51ST STREET	
CITY-STATE-ZIP	MIAMI FL 33137	

TITLE	CHAIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chiverton, David	
STREET ADDRESS	946 N.W. 46th ST.	
CITY-STATE-ZIP	Miami FL 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Vice chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Helen	
STREET ADDRESS	813 N.W. 103RD ST.	
CITY-STATE-ZIP	MIAMI FL 33150	
TITLE	Treasurer and secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, ANTHONY	
STREET ADDRESS	1795 N.W. 121 STREET, MIAMI	
CITY-STATE-ZIP	FL 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]* **David Chiverton, Chairman** 1-29-2007 305 343-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #