## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N02000007244

FLORIDA MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE, INC.



Principal Place of Business

3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33131

Mailing Address

3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33131

## **FILED** Jul 29, 2008 8:00 am Secretary of State

07-29-2008 90031 001 \*\*\*\*61.25 07-29-2008 90031 002 \*\*\*\*\*8.75

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07102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 43-1972693

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COVERSON, T.L. 9112 N.E. 10TH AVENUE MIAMI SHORES, FL 33138

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 little If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
D	Filing Fee is \$61.25 ue by September 12, 2008	<ol> <li>Election Campaign Finant Trust Fund Contribution.</li> </ol>		DO May Be ad to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNDY, GREGORY 3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33137							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELAM, DONNA DR. 3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33137		,		. Francisco			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBOSE, SHERWOOD 3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33137		_ <del>_</del>	DO NOT V	VRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,	t :	IN THIS S	PACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME			e e e e e e e e e e e e e e e e e e e		1.4			

12. Thereby certify that the information supplied with this filling 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 employed 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:

CITY-ST-7iP