2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007244

FILED Jun 25, 2009 Secretary of State

Entity Name: FLORIDA MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE, INC.

Current Principal Place of Business: New Principal Place of Business:

3550 BISCAYNE BLVD. 6600 N.W. 27 AVENUE

SUITE 507 SUITE 201 MIAMI, FL 33131 MIAMI, FL 33147

New Mailing Address: **Current Mailing Address:**

3550 BISCAYNE BLVD. 6600 N.W. 27 AVENUE

SUITE 507 SUITE 201

MIAMI, FL 33131 MIAMI, FL 33147

FEI Number: 43-1972693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COVERSON, T.L. COVERSON, T.L 9112 N.E. 10TH AVENUE 9999 N.E. 2 AVENUE

MIAMI SHORES, FL 33138 US SUITE 219 MIAMI SHORES, FL 33138 US

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.

SIGNATURE: T.L. COVERSON 06/25/2009 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MUNDY, GREGORY MUNDY, GREGORY Name: Name: 3550 BISCAYNE BLVD. SUITE 507 Address: 6600 N.W. 27 AVENUE SUITE 201 Address:

MIAMI, FL 33137 MIAMI, FL 33147

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition ELAM, DONNA DR.

Name: Name: ELAM, DONNA DR. Address: 3550 BISCAYNE BLVD. SUITE 507 Address:

6600 N.W. 27 AVENUE SUITE 201 City-St-Zip: MIAMI, FL 33147

MIAMI, FL 33137 City-St-Zip:

Title: () Delete Title: (X) Change () Addition DUBOSE, SHERWOOD Name: DUBOSE, SHERWOOD Name:

3550 BISCAYNE BLVD. SUITE 507 6600 N.W. 27 AVENUE SUITE 201 Address: Address:

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T JONES, JR ED 06/25/2009