


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 18 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007244			
1. Entity Name FLORIDA MARTIN LUTHER KING, JR. INSTITUTE FOR NONVIOLENCE, INC.			
Principal Place of Business 3550 BISC. BLVD., #402 MIAMI, FL 33131		Mailing Address 3550 BISC. BLVD., #402 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COVERSON, T.L. 9112 N.E. 10TH AVENUE MIAMI SHORES, FL 33138		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		900080009209 09/20/06--01063--023 **70.00	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JOHN T JR. 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mundy, Gregory 3550 BISCAYNE BLVD. - 402 MIAMI, FL. 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, MARZELL 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELAM, DONNA DR. 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELAM, DONNA DR. 3550 BISCAYNE BLVD. - 402 MIAMI, FL. 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUBOSE, SHERWOOD 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBOSE, SHERWOOD 3550 BISCAYNE BLVD. - 402 MIAMI, FL. 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL MUNDY, GREGORY 5220 BISCAYNE BLVD. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: _____		JOHN T. JONES, JR., EXEC. DIR. 9-14-06	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	



09142006 Chg-NP CR2E037 (4/06)

4. FEI Number
43-1972693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required