

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90001 034 ****61.25

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 - No P.O. Box # 3550 Biscayne Blvd. Suite, Apt. #, etc. Suite 507		3. Mailing Address Suite, Apt. #, etc. -SAME-	
City & State Miami, FL 33137		City & State -SAME-	
Zip 33137		Country USA	
4. FEI Number 43-1972693		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent 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 _____ 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 14, 2007		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 MUNDY, GREGORY 3550 BISCAYNE BLVD. - 402 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MUNDY, GREGORY 3550 Biscayne Blvd., 507 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELAM, DONNA DR. 3550 BISCAYNE BLVD. - 402 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELAM, DONNA DR. 3550 Biscayne Blvd., - 507 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBOSE, SHERWOOD 3550 BISCAYNE BLVD. - 402 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUBOSE, SHERWOOD 3550 Biscayne Blvd., 507 Miami, FL 33137
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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., Executive Director		09/04/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	