2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

66015670

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33131	3550 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33131

07102008 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MUNDY, GREGORY
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 507
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	ELAM, DONNA DR.
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 507
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	S
NAME	DUBOSE, SHERWOOD
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 507
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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., Exec. Director 7/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-573-5265
Daytime Phone #