

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0024830

DOCUMENT # N02000007244

1. Entity Name

FLORIDA MARTIN LUTHER KING, JR. INSTITUTE FOR NO  
NVIOLENCE, INC.



FILED

03 APR 16 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

5220 BISCAYNE BLVD.  
MIAMI FL 33138

Mailing Address

5220 BISCAYNE BLVD.  
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired - ☒ ~~Not~~

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHINGTON, LYNN C  
701 BRICKELL AVE., STE. 2800  
MIAMI FL 33131

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 **President /0** ☐ Delete  
NAME **John T. Jones, Jr.**  
STREET ADDRESS **5220 Biscayne Blvd.**  
CITY-ST-ZIP **Miami, FL 33138**

☐ Change ☐ Addition  
700017078537  
04/25/03--01019--011 \*\*8.75

TITLE **Vice President /0** ☐ Delete  
NAME **Marzell Smith**  
STREET ADDRESS **5220 Biscayne Blvd.**  
CITY-ST-ZIP **Miami, FL 33138**

☐ Change ☐ Addition  
700017078537  
04/25/03--01019--012 \*\*61.25

TITLE **Secretary /0** ☐ Delete  
NAME **Dr. Donna Elam**  
STREET ADDRESS **5220 Biscayne Blvd.**  
CITY-ST-ZIP **Miami, FL 33138**

☐ Change ☐ Addition

TITLE **Treasurer** ☐ Delete  
NAME **Sherwood Dubose**  
STREET ADDRESS **5220 Biscayne Blvd.**  
CITY-ST-ZIP **Miami, FL 33138**

☐ Change ☐ Addition

TITLE **Member At-Large** ☐ Delete  
NAME **Gregory Mundy**  
STREET ADDRESS **5220 Biscayne Blvd.**  
CITY-ST-ZIP **Miami, FL 33138**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. President** 4-09-03 305-751-4115

CR2E037 (10/02)