


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008626		
1. Entity Name MARTIN LUTHER KING, JR., NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business 726 NE 1ST STREET BOYNTON BEACH, FL 33435	Mailing Address 726 NE 1ST STREET BOYNTON BEACH, FL 33435	



07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AIKENS, WILLIE 726 NE 1ST STREET BOYNTON BEACH, FL 33435	DO NOT WRITE IN THIS SPACE
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5. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		<p>UUUUU0373912 07/21/05-80005-001 306.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AIKENS, WILLIE 726 NE 1ST STREET BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, ANTHONY 239 NE 9TH AVE BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, CARLENE E 237 NE 13TH AVE BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Willie Aike Willie Aikens 6/8/05 561-737-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #