

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31776 (0)**

1. Corporation Name
MARTIN LUTHER KING JR. COMMUNITY ADVISORY BOARD, INC.



Principal Place of Business: 2529 RALEIGH STREET HOLLYWOOD FL 33020
Mailing Address: 2529 RALEIGH STREET HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: **04/18/1989**
3a. Date of Last Report: **02/10/1995**

| | | | | | | | | | | |
|----|--------------------------------|----|---------------------|----|---|---|---------|----|--|--|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 65-0156688 | Applied For | | | | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required | | | | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GORE, PAMELA C. 2529 RALEIGH STREET HOLLYWOOD FL 33020 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------------|--|-------------------|---|--|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 11 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | COOPER, CAROL | | 12 NAME | GORE, PAMELA | | | |
| STREET ADDRESS | 2535 RALEIGH STREET | | 13 STREET ADDRESS | 2529 RALEIGH STREET | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 14 CITY-ST-ZIP | HOLLYWOOD, FL. 33020 | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | 21 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MURRAY, JAUNITA | | 22 NAME | MURRAY, JUANITA | | | |
| STREET ADDRESS | 2234 FARRAGAT ST | | 23 STREET ADDRESS | 2345 DOUGLAS STREET | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 24 CITY-ST-ZIP | HOLLYWOOD, FL. 33020 | | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 31 TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MOORE, MARY | | 32 NAME | ASH, HELENA | | | |
| STREET ADDRESS | 2235 DOUGLAS ST, BLDG 73 APT 1 | | 33 STREET ADDRESS | 2321 FORREST STREET | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 34 CITY-ST-ZIP | HOLLYWOOD, FL. 33020 | | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | 41 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GORE, PAMELA | | 42 NAME | YOUNG, NETTIE | | | |
| STREET ADDRESS | 2529 RALEIGH ST | | 43 STREET ADDRESS | 2341 HOOD STREET | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 44 CITY-ST-ZIP | HOLLYWOOD, FL. 33020 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 52 NAME | | | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | 800001718448 | | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | -82/20/96--01004--007 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 62 NAME | | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Pamela C. Gore* PAMELA C. GORE 01-24-96 (954)831-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

15 3-19-96