

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90125 032 ****61.25

DOCUMENT # N38943

1. Entity Name

DR. MARTIN LUTHER KING, JR. BIRTHDAY COMMITTEE, INC.

Principal Place of Business


Mailing Address


~~% FRED PLAIN~~
~~4799 61ST CIRCLE~~
~~VERO BEACH FL 32967~~

~~% FRED PLAIN~~
~~4799 61ST CIRCLE~~
~~VERO BEACH FL~~

2. Principal Place of Business

3. Mailing Address

 Mr. Jerry Morgan
4630 57th Ave
Vero Beach FL 32967-4453

 Mr. Jerry Morgan
4630 57th Ave
Vero Beach FL 32967-4453



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2920529

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, JERRY
4630 57TH AVENUE
VERO BEACH FL 32967

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32967-4453

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MORGAN, JERRY**
CITY-ST-ZIP **4630-57TH AVENUE**
VERO BEACH FL 32967-4453

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **WALKER, DEBROHA**
CITY-ST-ZIP **4421 26TH AVE**
VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ROHANI, BONNIE**
CITY-ST-ZIP **644 25TH ST. S.W.**
VERO BEACH FL 32967

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(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:

Jerry Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUGUST 9, 2002 (772) 562-4631

CR2E037 (9/01)