

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 # N44787 (2)

1. Corporation Name

**MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POM
PANO BEACH, FLORIDA, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 883
POMPANO BEACH FL 33061

P. O. BOX 883
POMPANO BEACH FL 33061

3. Date Incorporated or Qualified **08/21/1991** 3a. Date of Last Report **10/05/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0409926 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | 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

WILLIAMS, NORBERT C
~~1761 N.W. 7TH AVENUE~~ **5400 NW 64th Terrace**
~~POMPANO BEACH FL 33060~~ **Lauderhill, Fla. 33309**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number Is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | WILLIAMS, NORBERT C | 1.2 NAME | NORBERT C. WILLIAMS |
| STREET ADDRESS | 1761 N.W. 7TH AVE | 1.3 STREET ADDRESS | 5400 NW 64th Terrace |
| CITY-ST-ZIP | POMPANO BCH FL 33060 | 1.4 CITY-ST-ZIP | Lauderhill, FL 33319 |
| TITLE | VD | 2.1 TITLE | |
| NAME | SMITH, J. ROBINSON | 2.2 NAME | |
| STREET ADDRESS | 4230 NW 21 STREET #230 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | S |
| NAME | THORNE, DOREEN | 3.2 NAME | Lillie Bee |
| STREET ADDRESS | 225 NORTH FEDERAL HIGHWAY | 3.3 STREET ADDRESS | 3817 Coral Tree Circle |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | 3.4 CITY-ST-ZIP | Coconut Creek, Fla. 33073 |
| TITLE | D | 4.1 TITLE | |
| NAME | SWORN, SAMUEL | 4.2 NAME | |
| STREET ADDRESS | 1508 NW 3RD WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | |
| NAME | SMITH, JOSEPH | 5.2 NAME | |
| STREET ADDRESS | 1501 NW 3RD WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | P | 6.1 TITLE | |
| NAME | PHILLIPS, EDWARD | 6.2 NAME | |
| STREET ADDRESS | 384 NW 19TH STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (954) 742-2668
Date Day/Phone #

CR2E037 (12/95)