

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
4. FEI Number 65-0409926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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	FL
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	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORBERT C. WILLIAMS	
1.3 STREET ADDRESS	5400 NW 64th Terrace	
1.4 CITY-ST-ZIP	Lauderhill, FL 33319	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lillie Bee	
3.3 STREET ADDRESS	3817 Coral Tree Circle	
3.4 CITY-ST-ZIP	Coconut Creek, Fla. 33073	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Norbert C. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (12/95)