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Jun 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33061-0883



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, NORBERT C  
5400 NW 64TH TERRACE  
LAUDERHILL FL 33319

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> DELETE            |
| NAME           | WILLIAMS, NORBERT C    |  |
| STREET ADDRESS | 5400 NW 64TH TERRACE   |  |
| CITY-ST-ZIP    | LAUDERHILL FL 33319    |  |
| TITLE          | VD                     | <input type="checkbox"/> DELETE            |
| NAME           | SMITH, J. ROBINSON     |  |
| STREET ADDRESS | 4230 NW 21 STREET #230 |  |
| CITY-ST-ZIP    | LAUDERHILL FL 33313    |  |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BEE, LILLIE            |  |
| STREET ADDRESS | 3817 CORAL TREE CIRCLE |  |
| CITY-ST-ZIP    | COCONUT CREEK FL 33073 |  |
| TITLE          | T                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | SWORN, SAMUEL          |  |
| STREET ADDRESS | 1508 NW 3RD WAY        |  |
| CITY-ST-ZIP    | POMPANO BEACH FL       |  |
| TITLE          | T                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, JOSEPH          |  |
| STREET ADDRESS | 1501 NW 3RD WAY        |  |
| CITY-ST-ZIP    | POMPANO BEACH FL       |  |
| TITLE          | P                      | <input type="checkbox"/> DELETE            |
| NAME           | PHILLIPS, EDWARD       |  |
| STREET ADDRESS | 384 NW 19TH STREET     |  |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060 |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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          | Financial Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Joyce Jackson   |
| 3.3 STREET ADDRESS | 360 NW 14th Street  |
| 3.4 CITY-ST-ZIP    | Pompano Beach, FL 33060   |
| 4.1 TITLE          | Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| 4.2 NAME           | SWORN, SAMUEL   |
| 4.3 STREET ADDRESS | 1508 NW 3rd Way   |
| 4.4 CITY-ST-ZIP    | Pompano Beach, FL 33060   |
| 5.1 TITLE          | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| 5.2 NAME           | Renee Williams  |
| 5.3 STREET ADDRESS | 2738 NW 4th Court   |
| 5.4 CITY-ST-ZIP    | Pompano Beach, FL 33069   |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

June 11, 1997

CP2E037 (9/96)