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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44787 (2)

MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POMPANO BEACH, FLORIDA, INC.



Principal Place of Business P. O. BOX 883 POMPANO BEACH FL 33061	Mailing Address P. O. BOX 883 POMPANO BEACH FL 33061
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3. Date Incorporated or Qualified
08/21/1991

4. FEI Number
65-0409926

2. Principal Place of Business
 21 Suite, Apt. #, etc.

22 City & State
 23 Zip

24 Country
 25 Zip

26 Mailing Address
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip
 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS	
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	FSD <input type="checkbox"/> DELETE
NAME	JACKSON, JOYCE
STREET ADDRESS	360 NW 14TH ST
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SWORN, SAMUEL
STREET ADDRESS	1508 N.W. 3RD WAY
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WILLIAMS, RENEE
STREET ADDRESS	2738 N.W. 4TH COURT
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Norbert C Williams, President* 1/27/98 (954)742-2668

CR2E037 (10/97)