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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44787

1. Corporation Name

**MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POM
 PANO 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/21/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0409926	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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	1.1 TITLE	PD JACKSON, JOYCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NORBERT C	1.2 NAME	360 NW 14TH ST
STREET ADDRESS	5400 NW 64TH TERRACE	1.3 STREET ADDRESS	Pompano Bch, FL. 33060
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD Williams, Norbert C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, J. ROBINSON	2.2 NAME	5400 NW 64TH TERRACE
STREET ADDRESS	4230 NW 21 STREET #230	2.3 STREET ADDRESS	LAUDERHILL FL 33319
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE	FSD <input type="checkbox"/> DELETE	3.1 TITLE	FSD Edward Phillips <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JOYCE	3.2 NAME	384 NW 19TH STREET
STREET ADDRESS	360 NW 14TH ST	3.3 STREET ADDRESS	Pompano Beach, FL. 33060
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD Ernestine Price <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWORN, SAMUEL	4.2 NAME	1461 NW 3RD WAY
STREET ADDRESS	1508 N.W. 3RD WAY	4.3 STREET ADDRESS	Pompano Bch, FL. 33060
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	SD Willicent J Sworn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RENEE	5.2 NAME	1508 NW 3RD WAY
STREET ADDRESS	2738 N.W. 4TH COURT	5.3 STREET ADDRESS	Pompano Bch, FL. 33060
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	PD Walter Hunter <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, EDWARD	6.2 NAME	1250 NW 2TH AVENUE
STREET ADDRESS	384 NW 19TH STREET	6.3 STREET ADDRESS	Pompano Bch, FL
CITY-ST-ZIP	POMPANO BEACH FL 33060	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 19.07(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, with all other like empowered.

SIGNATURE:

(Signature) - NORBERT C. WILLIAMS
 May 17, 1999 (954) 742-2668
 Daytime Phone #

CR2E037 (11/98)