

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44787

1. Entity Name

MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POM

Principal Place of Business

P. O. BOX 883
POMPANO BEACH FL 33061

Mailing Address

P. O. BOX 883
POMPANO BEACH FL 33061-0883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0409926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Joyce Jackson

Street Address (P.O. Box Number is Not Acceptable)

360 NW 14 ST

Pompano Bch FL

City

FL

Zip Code

33060

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JACKSON, JOYCE
STREET ADDRESS 360 NW 14TH ST
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VD ☐ Delete
NAME WILLIAMS, NORBERT C
STREET ADDRESS 5400 NW 64TH TERR
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE FSD ☐ Delete
NAME PHILLIPS, EDWARD
STREET ADDRESS 384 NW 19TH ST
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☐ Delete
NAME PRICE, ERNESTINE
STREET ADDRESS 1481 NW 3RD WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE SD ☒ Delete
NAME SWORN, MILICENT J
STREET ADDRESS 1508 NW 3RD WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE PD ☐ Delete
NAME HUNTER, WALTER
STREET ADDRESS 1250 NW 27TH AVE
CITY-ST-ZIP POMPANO BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Tangel, Dixon
STREET ADDRESS 2540 NW 5 ST
CITY-ST-ZIP Pompano Bch, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2000 (954) 786-4111

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90100 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)