**FILED** 

04-27-2001 90278 034 \*\*\*\*61.25

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DCCUMENT # N44787 1. Entity Name

## MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POM

Principal Place of Business

Mailing Address

P O BOX 883

POMPANO BEACH FL 33061		POMPANO BEACH FL 33061					
					###	<b>a</b> n anan aksii ana	11 <b>8</b>   <b>8</b>   1   1   <b>8   1</b>
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Numbe	4. FEI Number 65-0409926 Applied For		
Zip Country		Zip Country		<b>5</b> 0 1"	7	Not \$8.75 Addi	t Applicable
	6. Name and Address of Current F	Danieland Anat	and a second sec		Certificate of Status Desired		
	G. Name and Address of Current r	negistered Agent	Name	7. Name and	Address of New Registered	Agent	
JACKSON			Street A	Street Address (P.O. Box Number is Not Acceptable)			
360 NW 14 ST POMPANO BEACH FL 33060							
FOWFANC	DEACH FL 33000		City			Zip Code	9
8 The above	named entity submits this statement for	the purpose of changing its re-	gistared office or	registered egent, or bet	h in the state of Florida	<u> </u>	
o. The above	named entry submits this statement for	the purpose of changing its re	gistered office of	registered agent, or bot	n, in the state of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: P	Ingistared Apost signet	ure required when reinstating)	DATE	<del></del>	
	orginatore, types or printed manie or registered agents	and the happineasie. (NOTE. N	edizieten ydetit signati	ure regared when recistating)	DATE		
	FILE NOW:	9. Election Campaign Fi	inancina	<b>\$5.00</b> 5	Make Check	Davabla ta	
	FEE IS \$61.25	Trust Fund Contributi	~ ~	<b>\$5.00</b> May Be Added to Fees	Departmen	-	
					<u> </u>		
10.	OFFICERS AND DIF		11.	ADDITIONS/CH.	ANGES TO OFFICERS AND D		
TITLE NAME	JACKSON, JOYCE	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS	360 NW 14TH ST	•	STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE	VD			Addition
NAME	WILLIAMS, NORBERT C		NAME	EUGENE GI	EUGENE GILLIS		
STREET ADDRESS	5400 NW 64TH TERR		STREET ADDRESS	595 NW 15TH STREET			
CITY-ST-ZIP	LAUDERHILL FL 33319 FSD		CITY-ST-ZIP	POMPANO BEACH, FL 33060 FSD			
TITLE NAME	PHILLIPS, EDWARD	☐ Delete	TITLE NAME		מסדמת	XI Change	Addition
STREET ADDRESS	384 NW 19TH ST		STREET ADDRESS	ERNESTINE PRICE 1461 NW 3RD WAY			
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP		EACH, FL 33060		
TITLE	TD	☐ Delete	TITLE	TD	<u> </u>	X Change	Addition
NAME	PRICE, ERNESTINE		NAME	SAM SWORN		<u>-</u>	
STREET ADDRESS	1461 NW 3RD WAY		STREET ADDRESS	1508 NW 3			
CITY-ST-ZIP	POMPANO BEACH FL 33060	<u> </u>	CITY-ST-ZIP		EACH, FL 33060	<u></u>	<b></b>
TITLE NAME	SD DIXON, TANGEL	☐ Delete	TITLE	SD		Change	Addition
STREET ADDRESS	2540 NW 5ST		NAME STREET ADDRESS	PAULA Wi			
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP	349 NW 19	each, FL 33060		
TITLE	PD PD	□ Delete	TITLE	PD Pompano b	Each, II JJ000	X Change	Addition
NAME	HUNTER, WALTER		NAME	ANDREW JO	HNSTON	and Origings	, sagriout
STREET ADDRESS	1250 NW 27TH AVE		STREET ADDRESS	1017 SE 2			
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP		EACH. FL 33062		

POMPANO BEACH, FL 33062 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:

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)-786-4573