


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44787**

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



Principal Place of Business      Mailing Address  
P. O. BOX 883                      P. O. BOX 883  
POMPANO BEACH, FL 33061      POMPANO BEACH, FL 33061

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP      CR2E037 (10/03)

4. FEI Number 65-0409926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOYCE  
360 NW 14 ST  
POMPANO BEACH, FL 33060

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, JOYCE 360 NW 14TH ST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELTON, PHILLIPS 216 LAKE POINTE DR. POMPANO BEACH, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD SWORN, MILLICENT 1508 NW 3RD WAY POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWORN, SAM 1508 NW 3RD WAY POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIMBERLY, PAULA 349 NW 19 STREET POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, ROBERT 817 NE 10 AVENUE POMPANO BEACH, FL 33061

1100000200226  
01/28/05-80018-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joyce Jackson      1/28/05 (954) 786-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #