

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44787

FILED  
Jul 12, 2006  
Secretary of State

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

**Current Principal Place of Business:**

P. O. BOX 883  
POMPANO BEACH, FL 33061

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 883  
POMPANO BEACH, FL 33061

**New Mailing Address:**

**FEI Number:** 65-0409926      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JACKSON, JOYCE  
Address: 360 NW 14TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD      ( ) Delete  
Name: FELTON, PHILLIPS  
Address: 216 LAKE POINTE DR.  
City-St-Zip: POMPANO BEACH, FL 33309

Title: FSD      ( ) Delete  
Name: SWORN, MILLICENT  
Address: 1508 NW 3RD WAY  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD      ( ) Delete  
Name: SWORN, SAM  
Address: 1508 NW 3RD WAY  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD      ( ) Delete  
Name: WIMBERLY, PAULA  
Address: 349 NW 19 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD      ( ) Delete  
Name: SHELLEY, ROBERT  
Address: 817 NE 10 AVENUE  
City-St-Zip: POMPANO BEACH, FL 33061

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE JACKSON

Electronic Signature of Signing Officer or Director

PRES

07/12/2006

Date