

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2007 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  
POMPANO BEACH FL 33061

P. O. BOX 883  
POMPANO BEACH FL 33061



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

JACKSON, JOYCE  
360 NW 14 ST  
POMPANO BEACH FL 33060

Name

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

City

FL

Zip Code

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

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  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VD ☐ Delete  
NAME FELTON, PHILLIPS  
STREET ADDRESS 216 LAKE POINTE DR.  
CITY-STATE-ZIP POMPANO BEACH FL 33309

TITLE FSD ☐ Delete  
NAME SWORN, MILLICENT  
STREET ADDRESS 1508 NW 3RD WAY  
CITY-STATE-ZIP POMPANO BEACH FL 33060

TITLE TD ☐ Delete  
NAME SWORN, SAM  
STREET ADDRESS 1508 NW 3RD WAY  
CITY-STATE-ZIP POMPANO BEACH FL 33060

TITLE SD ☐ Delete  
NAME WIMBERLY, PAULA  
STREET ADDRESS 349 NW 19 STREET  
CITY-STATE-ZIP POMPANO BEACH FL 33060

TITLE PD ☐ Delete  
NAME SHELLEY, ROBERT  
STREET ADDRESS 817 NE 10 AVENUE  
CITY-STATE-ZIP POMPANO BEACH FL 33061

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME U000000687278  
STREET ADDRESS 04/10/07-80033-018 61.25  
CITY-STATE-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Joyce Jackson

2/23/07 954-786-4590