

# 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



1st MOORE CR2E037 (10/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0409926

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000687278
CITY-ST-ZIP	04/10/07-80033-018 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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