

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44787

FILED
Feb 09, 2009
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 ()

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: WILLIAMS, NORBERT
Address: 5400 NW 64 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33319

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: MASSEY, ELIZABETH
Address: 1700 NW 2ND TERRACE
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: PD (X) Change () Addition
Name: HALL, BYRON
Address: 783 N. W. 16 PLACE
City-St-Zip: POMPANO, FL 33060

I hereby certify that the information supplied with this filing does not qualify 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

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date