

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90142 031 ****61.25

DOCUMENT # N44787

1. Entity Name

**MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POM
PANO BEACH, FLORIDA, INC.**



Principal Place of Business

P. O. BOX 883
POMPANO BEACH FL 33061

Mailing Address

P. O. BOX 883
POMPANO BEACH FL 33061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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, MILICENT	
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	JOHNSTON, ANDREW	
STREET ADDRESS	1017 SE 22 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

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
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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 exemption stated in Section 119.07(3)(i), 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
SIGNATURE REQUIRED

1/16/03 (954) 786-4111

CR2E037 (10/02)