


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N50272** (6)

1. Corporation Name

RESIDENT INITIATIVE COUNCIL OF MARTIN LUTHER KING, JR. APARTMENTS, INC.

Principal Place of Business

Mailing Address

**819 SOUTH STREET
APT S
DAYTONA BEACH FL 32114**

**% RAYMOND A. PHELAN CPA
623 N. GRANDVIEW AVE
DAYTONA BEACH FL 32118**

3. Date Incorporated or Qualified

08/06/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANNING, OCIE
819 SOUTH STREET
APT 2
DAYTONA BEACH FL 32114**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

OCIE MANNING
Signature, typed or printed name of registered agent and title if applicable

OCIE MANNING

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD WILLIAMS, OCIE MS**
STREET ADDRESS **819 SOUTH STREET., APT 2**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME **VD KNIGHTON, GAIL MS**
STREET ADDRESS **819 SOUTH STREET, #54**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME **SD LEWIS, MALESHA MS**
STREET ADDRESS **819 SOUTH STREET, #77**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME **TD THAYER, SUNYS MS**
STREET ADDRESS **819 SOUTH STREET, #53**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME **TD THAYER, SUNYS MS**
STREET ADDRESS **819 SOUTH STREET, #53**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME **TD THAYER, SUNYS MS**
STREET ADDRESS **819 SOUTH STREET, #53**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

1.1 TITLE **President/Director** ☐ Change ☐ Addition

1.2 NAME **OCIE MANNING**

1.3 STREET ADDRESS **819 South Street - Apt. #2**

1.4 CITY-ST-ZIP **Daytona Beach, Fl. 32114** ☐ Change ☐ Addition

2.1 TITLE **Vice President Director** ☐ Change ☐ Addition

2.2 NAME **Sunya Thayer**

2.3 STREET ADDRESS **819 South Street, Apt. 53**

2.4 CITY-ST-ZIP **Daytona Beach, Fl. 32114** ☒ Change ☐ Addition

3.1 TITLE **Secretary/Director** ☐ Change ☐ Addition

3.2 NAME **Farlecia Williams**

3.3 STREET ADDRESS **819 South Street, Apt. #31**

3.4 CITY-ST-ZIP **Daytona Beach, Fl. 32114** ☒ Change ☐ Addition

4.1 TITLE **Treasurer/Director** ☒ Change ☐ Addition

4.2 NAME **Ms. Marquette Hill**

4.3 STREET ADDRESS **819 South Street, Apt. #73**

4.4 CITY-ST-ZIP **Daytona Beach, Fl. 32114** ☒ Change ☐ Addition

5.1 TITLE **Parliamentarian/Director** ☐ Change ☐ Addition

5.2 NAME **Ms. Betty Wright**

5.3 STREET ADDRESS **819 South Street #30**

5.4 CITY-ST-ZIP **Daytona Beach, Fl. 32114** ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OCIE MANNING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

Date

Daytime Phone # 0000062

CR2E037 (10/97)