2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N50272 1. Entity Name RESIDENT INITIATIVE COUNCIL OF MARTIN LUTHER KING, JR, APARIMENIS, INCORPORATED			FILED May 15, 2000 8:00 am Secretary of State 05-15-2000 90188 029 ****61.25	
Principal Place of Business	Mailing Address 819 South Street, #			
Daytona Beach, Florida 32114 2. Principal Place of Business	Daytona Beach, Flor 3. Mailing Address		_	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
H41 City & State	Lity & State		4. FEI Number Applied For	
Daytona Beach, Florida 32114	Daytona Beach, Flo			Not Applicable
Zip Country 32114 USA	Zip 32114	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current			7. Name and Address of New Regist	ered Agent
M		Name .		
Manning, Ocie 819 South Street Apt#2		Street Address	s (P.O. Box Number is Not Acceptable)	
Daytona Beach, F1. 32214		City		FL Zip Code
SIGNATURE Liped or printed name of registered adent	9. Election Campaign f Trust Fund Contribut	ion. 🗌 Ado	.00 May Be led to Fees Depart	eck Payable to nent of State
10. OFFICERS AND DIF		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AN	
NAME PD NAME Manning, Ocie		NAME		6
STREET ADDRESS 819 South street, Apt.#2		STREET ADDRESS CITY-ST-ZIP		LEON U Z Z Ctrange Addition O
TILE Daytona Beach, Florida 32	14 Delete	TITLE		Change Addition
NAME SD .		NAME		
STREET ADDRESS Williams,,Farlecia CITY-ST-ZIP 819 South st. Apt#31, Day1		STREET ADDRESS CITY-ST-ZIP	•	
				Change Addition
NAME Hill, Marquette		NAME		
STREET ADDRESS 819 South Street, #73		STREET ADDRESS CITY - ST - ZIP		
CITY-SI-ZIP Daytona Beach, Florida 32		• · · · · · · · · · · · · · · · · · · ·		Change Addition
^{TITLE} VP NAME Thayer, Sunya	Delete	TITLE NAME		
STREET ADDRESS 819 South Street, #53		STREET ADDRESS		
CITY-ST-ZIP Daytona Beach, F1. 32114		CITY-ST-ZIP		
Parliamentaria	Delete	TITLE NAME		Change 🗋 Addition
STREET ADDRESS Wright, Betty		STREET ADDRESS		
CITY-ST-ZIP 819 South St. #30 	14	CITY-ST-ZIP		
	Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change 🗌 Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with	this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information
indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address, y	true and accurate and that my wered to execute this report as	signature shall have th	e same legal effect as if made under oath; t	hat I am an officer or director
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				