


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90425 026 \*\*\*\*61.25

<b>DOCUMENT # N50272</b> 1. Entity Name <b>RESIDENT INITIATIVE COUNCIL OF MARTIN LUTHER KING, JR. APARTMENTS, INC.</b>					
Principal Place of Business <b>819 SOUTH STREET, 41 DAYTONA BEACH, FL 32114</b>				Mailing Address <b>819 SOUTH STREET, 41 DAYTONA BEACH, FL 32114</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MANNING, OCIE 2 ROSA PARKS CIRCLE APT 2 DAYTONA BEACH, FL 32114</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>OCIE MANNING</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MANNING, OCIE 819 SOUTH STREET., APT 2 DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MANNING, OCIE 2 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GREEN, DOROTHY 7 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT SUNYA THAYER 53 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JOHNS, SHANLETTE 15 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DEVEAUX, LINDA 86 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP THAYER, SUNYA 819 SOUTH STREET, #53 DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER COOPER, TYNESE 97 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WRIGHT, BETTY 819 S ST #30 DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARLIAMENTARIAN WRIGHT, BETTY 44 ROSA PARKS CIRCLE DAYTONA BEACH, FL 32114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MANNING, OCIE 02 ROSA PARK CIRCLE DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: <u><i>OCIE MANNING</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>238- 8976</b> <small>Date Daytime Phone #</small>		