

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90336 014 ****61.25

DOCUMENT # N50272

1. Entity Name
**RESIDENT INITIATIVE COUNCIL OF MARTIN LUTHER KING
G, JR. APARTMENTS, INC.**



Principal Place of Business
**819 SOUTH STREET. 41
DAYTONA BEACH FL 32114**

Mailing Address
**819 SOUTH STREET. 41
DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNING, OCIE
2 ROSA PARKS CIRCLE
APT 2
DAYTONA BEACH FL 32114**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/03
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** ☐ Delete
NAME **MANNING, OCIE**
STREET ADDRESS **819 SOUTH STREET., APT 2**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GREEN, DOROTHY**
STREET ADDRESS **7 ROSA PARKS CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **JOHNS, SHANLETTE**
STREET ADDRESS **15 ROSA PARKS CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **THAYER, SUNYA**
STREET ADDRESS **819 SOUTH STREET, #53**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WRIGHT, BETTY**
STREET ADDRESS **819 S ST #30**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *OCIE MANNING* ☐ Delete
NAME *OCIE MANNING*
STREET ADDRESS *02 ROSA PARK CIRCLE*
CITY-ST-ZIP *DAYTONA BEACH FL 32114*

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/29/03* Daytime Phone #

CR2E037 (10/02)