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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000000568

1. Corporation Name

MARTIN LUTHER KING, JR. TRIBUTE OF BROWARD COUNTY  
Y, INC.

Principal Place of Business

300-C LAKEWOOD CIRCLE  
MARGATE FL 33063  
US

Mailing Address

P.O. BOX 1763  
FT. LAUDERDALE FL 33302



2. Principal Place of Business

21 6234 NW 45 Ter

Suite, Apt. #, etc.

22

City & State

23 Coconut Creek FL

Zip Country

24 33073 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

65-0756382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GLANTZ, RONALD P  
7951 SW 6TH ST., STE. 200  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHAMBERS, MICHAEL  
STREET ADDRESS 777 GLADES ROAD  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE

NAME HARRISON, ROB  
STREET ADDRESS 1 E. BROWARD BLVD. 2ND FL.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ DELETE

NAME POMERANZ, BARBARA  
STREET ADDRESS 115 S. ANDREWS AVE., A540  
CITY-ST-ZIP PT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

5301 SW 31 AVE  
33312

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 954 765 499

CR2E037 (11/98)