

FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 16 1998 8:00am
Secretary of State**

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

DOCUMENT # N97000003045 (8)
1. Corporation Name
THE DELTA CULTURAL, EDUCATIONAL, AND SERVICE FOUNDATION, INC.



| | |
|--|--|
| Principal Place of Business P O BOX 1402 DELRAY BEACH FL 33444 | Mailing Address P O BOX 1402 DELRAY BEACH FL 33444 |
|--|--|

3. Date Incorporated or Qualified
05/27/1997

| | |
|------------------------------------|--|
| 4. FEI Number 31-1561734 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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

**JACKSON, JANE
2500 SPRINGDALE BLVD G-306
PALM SPRINGS FL 33461**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Kathy E. Harris |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6385 Country Fair Circle |
| 83 City, State, Zip Boynton Beach, Florida 33437 |
| 84 City, State, Zip Code FL 85 33437 |

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 *Kathy E. Harris* **4-27-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | President |
| 1.3 STREET ADDRESS | Kathy E. Harris |
| 1.4 CITY-ST-ZIP | 6385 Country Fair Circle |
| 2.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Vice President |
| 2.3 STREET ADDRESS | Brenda Durden |
| 2.4 CITY-ST-ZIP | 702 Chatslain E. Blvd. |
| 3.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Treasurer |
| 3.3 STREET ADDRESS | Judith Asbury |
| 3.4 CITY-ST-ZIP | 6209 Jaipur Court |
| 4.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Secretary |
| 4.3 STREET ADDRESS | Henrietta Smith |
| 4.4 CITY-ST-ZIP | 1202 N.W. 2nd Street |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 or changed, or on an attachment with an address.

SIGNATURE *Kathy E. Harris* **4/27/98 (561) 802 8100**

CP2E037 (10/97)