

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003045

1. Entity Name

THE DELTA CULTURAL, EDUCATIONAL, AND SERVICE FOU

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90093 031 \*\*\*\*61.25

Principal Place of Business

P O BOX 1402  
 DELRAY BEACH FL 33444

Mailing Address

P O BOX 1402  
 DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1561734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, JANE P  
 436 N.W. 5TH AVENUE  
 BOYNTON BEACH FL 33435

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: JACKSON, JANE P  Delete  
 STREET ADDRESS: 436 N.W. 5TH AVENUE  
 CITY-ST-ZIP: BOYNTON BEACH FL 33435

TITLE:  Change  Addition

TITLE: VPD  
 NAME: DURDEN, BRENDA  Delete  
 STREET ADDRESS: 702 CHATELAINE E BLVD  
 CITY-ST-ZIP: DELRAY BCH FL 33445

TITLE: VPD  Change  Addition  
 NAME: Asbury, Judith  
 STREET ADDRESS: 6209 JAIPUR CT.  
 CITY-ST-ZIP: BOYNTON BEACH, FLORIDA 33437

TITLE: TD  
 NAME: ASBURY, JUDITH  Delete  
 STREET ADDRESS: 6209 JAIPUR CT  
 CITY-ST-ZIP: BOYNTON BCH FL 33437

TITLE: TD  Change  Addition  
 NAME: Wanda Gadson  
 STREET ADDRESS: 145 N.W. 10th Avenue  
 CITY-ST-ZIP: Delray Beach, Fla. 33444

TITLE: SD  
 NAME: SMITH, HENRIETTA  Delete  
 STREET ADDRESS: 1202 NW 2ND STREET  
 CITY-ST-ZIP: DELRAY BCH FL 33444

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  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.

SIGNATURE: *Jane Jackson* SIGNATURE REQUIRED: Jackson

7/18/00

1-561-738-2868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)