

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90222 022 *****70.00

0053586

DOCUMENT # N97000003045
 1. Entity Name
THE DELTA CULTURAL, EDUCATIONAL, AND SERVICE FOU

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **31-1561734** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JACKSON, JANE P
436 N.W. 5TH AVENUE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEES IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, JANE P	
STREET ADDRESS	436 N.W. 5TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DURDEN, BRENDA	
STREET ADDRESS	702 CHATELAINE E BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ASBURY, JUDITH	
STREET ADDRESS	6209 JAIPUR CT	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, HENRIETTA	
STREET ADDRESS	1202 NW 2ND STREET	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GADSON, WANDA	
STREET ADDRESS	145 NW 10TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wanda Gadson Wanda Gadson 4/19/01 561-833-8503
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)