

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 16, 2006
Secretary of State**

DOCUMENT# N97000003045

Entity Name: THE DELTA CULTURAL, EDUCATIONAL, AND SERVICE FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 243234
BOYNTON BEACH, FL 334243234 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 243234
BOYNTON BEACH, FL 334243234 US

New Mailing Address:

FEI Number: 31-1561734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWDRY, LACLAIRES E
17-C CROSSINGS CIRCLE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWDRY, LACLAIRES E
Address: 17-C CROSSINGS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VPD () Delete
Name: GADSON, WANDA
Address: 145 NW 10TH AVENUE
City-St-Zip: DELRAY BCH, FL 33444

Title: TD () Delete
Name: ASBURY, JUDITH D
Address: 6209 JAIPUR CT
City-St-Zip: BOYNTON BCH, FL 33437

Title: SD () Delete
Name: HARRIS, KATHY E
Address: 6385 COUNTRY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LACLAIRES E. BOWDRY

PD

06/16/2006

Electronic Signature of Signing Officer or Director

Date