

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006050

Entity Name: DELTA EDUCATION, HEALTH, AND CULTURAL INITIATIVE, INC.**Current Principal Place of Business:**9745 SW 184 ST
SUITE 2213
PALMETTO BAY, FL 33157**Current Mailing Address:**PO BOX 442101
MIAMI, FL 33144-2101 US**FEI Number:** 65-0803129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PELT, ANDREA
741 SW 99TH AVENUE
PEMBROKE PINES, FL 33025 US*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

Officer/Director Detail :

Title PRES
Name PELT, ANDREA J
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title SCTY
Name COLE-RUSSELL, EUGENIA
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title TRES
Name PITTMAN, CRYSTAL
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title D
Name ALEXANDER, LOIS
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title D
Name BRYANT, BRENDA
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title FINANCIAL SECRETARY
Name WATSON, EOLINE
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title COMPLIANCE OFFICER
Name JOHNSON, STEPHANYE
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title DEVELOPMENT DIRECTOR
Name THOMPSON, PRISCILLA
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

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I hereby 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 all other like empowered.

SIGNATURE: STEPHANYE JOHNSON

COMPLIANCE OFFICER

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NORWOOD, SHERRILYN C
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101

Title DIRECTOR
Name DAWSON, KAY
Address PO BOX 442101
City-State-Zip: MIAMI FL 33144-2101