

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006050

**Entity Name:** DELTA EDUCATION, HEALTH, AND CULTURAL INITIATIVE, INC.**Current Principal Place of Business:**18142 FRANJO RD  
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:** Yes**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****04/28/2016**

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 WILLIAMS, ALESSANDRA  
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

Title DIRECTOR  
Name PINKCNEY-WHITE, MICHELLE  
Address PO BOX 442101  
City-State-Zip: MIAMI FL 33144-2101