

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003045

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC7120231205**

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

**Current Principal Place of Business:**

6093 STRAWBERRY FIELDS WAY  
LAKE WORTH, FL 33463

**Current Mailing Address:**

P.O BOX 243825  
BOYNTON BEACH, FL 33424 US

**FEI Number: 31-1561734**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SHELIA, ROSS  
6093 STRAWBERRY FIELDS WAY  
LAKE WORTH, FL 33463 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 PD  
Name ROSS, SHELIA  
Address 6093 STRAWBERRY FIELDS WAY  
City-State-Zip: LAKE WORTH FL 33463

Title VPD  
Name WALLACE, LENA  
Address P O BOX 243825  
City-State-Zip: BOYNTON BEACH FL 33437

Title TD  
Name POWELL, ROSLYNNE  
Address 7652 TRENTON DRIVE  
City-State-Zip: LAKE WORTH FL 33467

Title SD  
Name ADAMS, STEPHANIE E  
Address 7316 73RD WAY  
City-State-Zip: WEST PALM BEACH FL 33407

*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: ROSLYNNE POWELL

TREASURER

04/24/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date