2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# N06000002340

Entity Name: DELTA SERVICE AND EDUCATION FOUNDATION OF GADSDEN COUNTY FL, INC.

Current Principal Place of Business:

656 SOUTH 11TH STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1566
QUINCY, FL 323531566

New Mailing Address:

FEI Number: 84-1701190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HOLT, INEZ M
656 SOUTH 11TH STREET
QUINCY, FL 32351 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: D ( ) Delete
Name: MUSE-SALTERS, AGATHA
Address: P.O. BOX 38062
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete
Name: HOLT, INEZ M
Address: 656 SOUTH 11TH STREET
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete
Name: BROWN, LILLIE
Address: 1335 REYNOLDS STREET
City-St-Zip: BAINBRIDGE, GA 39817

Title: T ( ) Delete
Name: SIMMONS, PHYLLIS
Address: 24 ANGLE STREET
City-St-Zip: CHATTAHOOCHEE, FL 32324

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 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: AGATHA MUSE-SALTERS D 05/26/2009
Electronic Signature of Signing Officer or Director — Date