

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002340

**FILED**  
**May 10, 2012**  
**Secretary of State**

**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 ( )**

**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  
Name: MUSE-SALTERS, AGATHA  
Address: P.O. BOX 38062  
City-St-Zip: TALLAHASSEE, FL 32315

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

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

Title: T  
Name: DUPONT-BUTLER, JANEY  
Address: 624 PAT THOMAS PARKWAY  
City-St-Zip: QUINCY, FL 32351

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: AGATHA MUSE-SALTERS

D

05/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date