


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90189 019 *****70.00

DOCUMENT # N47947 1. Entity Name DELRAY MERCHANTS ASSOCIATION, INC.					
Principal Place of Business 404 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444				Mailing Address 404 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0320758	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WIDEMAN, CLAYTON 404 W ATLANTIC AVE DELRAY BEACH, FL 33444				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIDEMAN, CLAYTON		NAME		
STREET ADDRESS	404 W. ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, FRANCES		NAME		
STREET ADDRESS	301 SW 12 AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULTON, DAISY		NAME		
STREET ADDRESS	107 NW 5 AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLIS, PEGGY		NAME	Secretary Hyacinth Wideman	
STREET ADDRESS	600 SW 1ST AV		STREET ADDRESS	225 N.E. 21 Street	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMELITA, SMITH		NAME		
STREET ADDRESS	400 W. ATLANTIC AVE 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Clayton Wideman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-26-04 <small>Date</small>		
			<small>Daytime Phone #</small>		