

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

98-11107

CORPORATION  
 ANNUAL REPORT  

 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 MAY 22 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002210**

1. Corporation Name  
**Reverend Samuel Delevoe  
Park Civic Association  
998-0661**

Principal Place of Business  
**Reverend Samuel Delevoe  
Memorial Park  
2540 Sistrunk Blvd,  
Fort Lauderdale, Fla.  
33311**

Mailing Address  
**Reverend Samuel Delevoe  
Park Civic Association  
1733 S.W. 5th St,  
Ft. Laud, Fla. 33312**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2540 Sistrunk Blvd**

22 Suite, Apt. #, etc.

23 **Ft. Laud, Fla.**

24 **33311**

25 **USA**

26 **1733 S.W. 5th St.**

27 Suite, Apt. #, etc.

28 **Ft. Laud, Fla.**

29 **33312**

30 **USA**

3. Date incorporated or Qualified

3a. Date of Last Report

4. FEI Number **65-0836724**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Dr. Lois J. Delevoe  
1733 S.W. 5th St,  
Ft. Laud, Fla. 33312**

10. Name and Address of New Registered Agent

81 Name **Lois J. Delevoe**

82 Street Address (P.O. Box Number is Not Acceptable) **1733 S.W. 5th St**

83

84 City **Ft. Laud,** **FL** 85 Zip Code **33312**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE **Dr. Lois J. Delevoe** **Lois J. Delevoe** DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres.** NAME **Dr. Lois J. Delevoe**  
STREET ADDRESS **1733, S.W. 5th St, D**  
CITY-ST-ZIP **Ft. Laud, Fla. 33312**

TITLE **Secy** NAME **Rev. Mary E. Grant**  
STREET ADDRESS **3498 N.W. 2nd St, D**  
CITY-ST-ZIP **Ft. Laud, Fla. 33311**

TITLE **Treas.** NAME **Pastor Wilby B. Thomas**  
STREET ADDRESS **3273 N.W. 22 Ave, D**  
CITY-ST-ZIP **Oakland Rk Fla. 33309**

TITLE **Brd. member** NAME **Ms. Willie Mae Williams**  
STREET ADDRESS **1643 N.W. 14th Ct, D**  
CITY-ST-ZIP **Ft. Laud, Fla. 33311**

TITLE **Brd. member** NAME **Mr. Samuel James Delevoe**  
STREET ADDRESS **1733 S.W. 5th Street**  
CITY-ST-ZIP **Fort Laud, Fla. 33312**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME **Laura Mae Williams**

4.3 STREET ADDRESS **1643 NW 14th Ct,**

4.4 CITY-ST-ZIP **Ft. Laud, Fla. 33311**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**REINSTATEMENT**

800002544758-4  
-06/02/98--01063--036  
\*\*\*\*105.75 \*\*\*\*105.75

800002544758-4  
-06/02/98--01063--037  
\*\*\*\*\*63.00 \*\*\*\*\*63.00

800002544758-4  
-06/02/98--01063--038  
\*\*\*\*221.00 \*\*\*\*221.00

800002544758-4  
-06/02/98--01063--039  
\*\*\*\*\*32.00 \*\*\*\*\*32.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lois J. Delevoe** **Lois J. Delevoe** 41-98 954-524-1582