

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90043 045 ****61.50

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1. Corporation Name

REVEREND SAMUEL DELEVOE PARK CIVIC ASSOCIATION,
INC.

Principal Place of Business
2540 SISTRUNK BLVD
FT. LAUDERDALE FL 33311

Mailing Address
1733 SW 5TH ST
FT. LAUDERDALE FL 33312

4 8 7 9 3 2
487 132 - 50043 - 45



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/14/1993

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

9. Name and Address of Current Registered Agent

DELEVOE, LOIS J
1733 SW 5TH ST
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DELEVOE, LOIS J
STREET ADDRESS 1733 SW 5TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE SD
NAME GRANT, MARY E REV
STREET ADDRESS 3498 N.W. 2ND ST
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE TD
NAME THOMAS, WILBY B PASTOR
STREET ADDRESS 3273 NW 22ND AVE
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE D
NAME WILLIAMS, LAURA MAE
STREET ADDRESS 1643 NW 14TH CT
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE D
NAME DELEVOE, SAMUEL J (samuel)
STREET ADDRESS 1722 SW 5TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

4-29-99-13557 954-792