

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90367 030 \*\*\*\*61.25

**DOCUMENT # N93000002210**

1. Entity Name

**REVEREND SAMUEL DELEVOE PARK CIVIC ASSOCIATION, INC.**

Principal Place of Business

**1733 SW 5TH ST  
 FT. LAUDERDALE FL 33311**

Mailing Address

**1733 SW 5TH ST  
 FT. LAUDERDALE FL 33312  
 US**

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 **65-0836724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **D** ☐ Delete  
 NAME **DELEVOE, SAMUEL J**  
 STREET ADDRESS **1722 SW 5TH STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete  
 NAME **Mary Grant**  
 STREET ADDRESS **3498 N.W. 2nd St**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME **Rev. Mary Grant**  
 STREET ADDRESS **3498 N.W. 2nd St**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition  
 NAME **Evangelist Jeraldine Crow**  
 STREET ADDRESS **ford 13498 N.W. 2nd St**  
 CITY-ST-ZIP **Hollywood, FL.**

TITLE ☐ Change ☐ Addition  
 NAME **Thomas, Wilby B. Pastor**  
 STREET ADDRESS **3273 N.W. 22nd Ave**  
 CITY-ST-ZIP **Oakland Park, FL 33309**

TITLE ☐ Change ☐ Addition  
 NAME **D. Williams, Laura Mae**  
 STREET ADDRESS **1643 N.W. 14th Ct**  
 CITY-ST-ZIP **FL. LAUD., FL. 33311**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 of 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: SIGNATURE REQUIRED**

**4-29-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)