NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/26/

FILED
May 21, 2004 8:00 am
Secretary of State
04-26-2004 90451 007 ****70.00

DOCUMENT # N93000002210

1. Entity Name
Reverend Samuel Delevoe Park Civic Association

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66423392

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2. Principal Place of Business	3. Mailing Address
Rev. Samuel Delevoe Park Suite, Apt. #, etc. 2520 W. Sistrunk Blvd	3498 N.W. 2nd St. Suite, Apt. #, etc.
City & State Fort Laud, Fla.	City & State Fort Laud, Fla.
Zip 33311 Country Broward	Zip 33311 Country Broward

4. FEI Number NA — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Evans, Mary Grant

Street Address (P.O. Box Number is Not Acceptable): 3498 N.W. 2nd St.

City: Fort Laud, FL Zip Code: 33311

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: Evans, Mary Grant — Evans, Mary Grant — 4-23-04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Grant 3498 N.W. 2nd St. Fort Laud, Fla. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mattie Merritt 2316 N.W. 7th Ct. Fort Laud, Fla. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pastor Willie Thomas 2273 N.W. 22 Ave Fort Laud, Fla. 33310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Evans, Mary Grant — 954-582-3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-23-04 Daytime Phone #