


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 046 *****70.00

DOCUMENT # N93000002210			
1. Entity Name REVEREND SAMUEL DELEVOE PARK CIVIC ASSOCIATION, INC.			
Principal Place of Business 2520 NW 6 ST FT. LAUDERDALE FL 33311		Mailing Address 3498 NW 2ND ST FORT LAUDERDALE FL 33311 US	
2. Principal Place of Business 2520 NW 6 ST		3. Mailing Address 3498 NW 2nd St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale Fla 33311		City & State Ft. Lauderdale Fla	
Zip	Country	Zip	Country
	Broward	33311	Broward
6. Name and Address of Current Registered Agent GRANT, MARY REV. 3498 NW 2ND ST FORT LAUDERDALE FL 33311		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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE GRANT, MARY E.		DATE 4/25/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reestablishing)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, MARY E PASTOR	NAME	
STREET ADDRESS	3498 NW 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, MATTIE	NAME	
STREET ADDRESS	2816 NW 7 CT	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WILBY B PASTOR	NAME	
STREET ADDRESS	435 NW 13TH AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEVOE, LOIS S	NAME	
STREET ADDRESS	1733 SW 5 ST	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 exemptions contained in Section 119, 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: Mary E. Grant, President 4/25/06 934-587-3226