

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91359 044 \*\*\*\*70.00

**DOCUMENT # N93000002210**

1. Entity 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  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0836724**

☒ Applied For  
☐ Not Applicable

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

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 **Rev. Mary Grant**

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

**3498 NW 2nd St**

**Ft. Lauderdale Fla.**

City **US**

**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 **Rev. Mary Grant**

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GRANT, REV. MARY**  
STREET ADDRESS **3498 NW 2ND ST**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **SD** ☒ Delete  
NAME **CRAW, JERALDINE**  
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  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **Mattie Merritt**  
STREET ADDRESS **3498 NW 2nd St**  
CITY-ST-ZIP **Ft. Lauderdale Fla 33311**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rev. Mary Grant**

**4/26/03 954-587-3226**

CR2E037 (10/02)