FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORTS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	N96000005370	(9)

FILED 98 MAY 22 PM 3: 10

REVEREND SAMUEL DELEVOE MEMORIAL FOUNDATION, INC					SEURETART OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address										
· `		-								
1733 SW 5TH 3 FORT LAUDERI	STREET DALE FL 9331	1733 SW 5TH STREET FORT LAUDERDALE FL 3:	3312-7511							
						3. Date Incorporated or Qualified 10/18/1996	3a. Dat	te of Last F	Report	
,	Principal Place of Business 2a. Mailing Address					4. FEI Number	C	A	pplied For	7
21	26			65-070650)]		ot Applicable	,		
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	4	T T T T	Additional lequired		
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	٦	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	⊢ ⊸	intry		8. This corporation has liability for i			s. 199.032,	
24	25 9. Name and Address of Curre	29 ant Registered Agent	30			Florida Statutes 10. Name and Address of New Re		No No		4
	S. Hame Bild Addition of Culti-	ent negletelen Ngent		81	Name	(U. Name and Address of New Ne	Biero Leg W	gent		-
DELEVO	E, LOIS J									
	V 5TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	AUDERDALE FL 33311		!	83						+
101110	ROBERDALE LE 00011			Ш						
				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the a	bove-	named cor	poration submits this statement for the pation's board of directors. I hereby accept		 changing i	its registered	1
office or r agent. I a	egistered agent, or both, in the Sta im Abriliar with, and accept the obli	te of Florida. Such change was gations of, Section 617,0503, Fl	authorize Iorida Stat	d by i tutes.	the corpora	ation's board of directors. I hereby accep	of the appo	sintment as	registered	
SIGNATURE	Produite, lyped or peinten night of registered a	Veine - Lo	ı́S	1	, Do	elevoe	5-2	0,1	998	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	79
TITLE	D	DELETE	1.1 TU	TLE				Change	Addition	Į
NAME	DE LEVOE, LOIS J	1.2 N		1.2 NAME						15
STREET ADDRESS	1733 SW 5TH STREET 1.31		1.3 \$1	1.3 STREET ADDRESS						ľ
CITY-ST-ZIP	FORT LAUDERDALE FL 333		1.4 (1	1.4 CITY-ST-ZIP						_]&
TITLE	D	☐ DELETE	2.1 10	2.1 TITLE			I	Change	Addition	٦٢
NAME	DE LEVOE, SAMUEL J		2 2 NA	2 2 NAME				1	Ð	
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CITY-ST-ZIP	FORT LAUDERDALE FL 333			2 4 CITY-ST-ZIF				$\Delta Q \subset Y$	TAYO MU	4
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NAME OXDEST ADDRESS	DELEVOE, PATRICE L			3 2 NAME		REINSTATEME	, { Fi.	€	<i>)</i> .	
STREET ADDRESS	1733 SW 5TH STREET	11	- 1		uun:sa	·				1
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL 333	DELETE	3 4. CI	tt e	- ZIF			Change	☐ Addition	4
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CITY-ST-ZIP						****297.50		****2	97.50	
TALE		DELETE			- 211			Change	Addition	┨
NAME .		Lond	5.1 TITLE 5.2 NAME						- 10011011	
STREET ADDRESS			L		DDRESS					
CITY-ST-ZIP				TY- \$T-	1					
TITLE		DELETE	6.1 TIT					Change	Addition	1
NAME		_	6.2 NA				-			
STREET ADDRESS					DDRESS	·.				
CITY-ST-ZIP			. I	TY-\$1-	,					
	by certify that the information suppli-	ed with this filing does not quali				d in Section 119.07(3)(i). Florida Statutes	. I further (certify that	the	1

14. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes. I further certify that the information indicated on this annual roport 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 3.1 changed on an attackment with an address.

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