

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005370

1. Entity Name

REVEREND SAMUEL DELEVOE MEMORIAL FOUNDATION, INC

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90306 001 ****61.25

Principal Place of Business 1733 SW 5TH STREET FORT LAUDERDALE FL 33311	Mailing Address 1733 SW 5TH STREET FORT LAUDERDALE FL 33312-7511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1733 S. W. 5th St. Suite, Apt. #, etc. Fort Laud. City & State Fort Laud. Zip 33312 Country U.S.	3. Mailing Address 1733 S. W. 5th Street Suite, Apt. #, etc. Fort Laud. City & State Fort Laud. Zip 33312 Country U.S.
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4. FEI Number 65-0706509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELEVOE, LOIS J 1733 SW 5TH STREET 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
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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: *Lois J Delevoe* DATE: 4-27-2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	DELEVOE, LOIS J 1733 SW 5TH STREET FORT LAUDERDALE FL 33311	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	DELEVOE, SAMUEL J 1733 SW 5TH STREET FORT LAUDERDALE FL 33311	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	DELEVOE, PATRICE L 1733 SW 5TH STREET FORT LAUDERDALE FL 33311	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Lois J Delevoe* DATE: 4-27-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 19/99