

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

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90015 010 \*\*\*\*\*70.00

DOCUMENT # *N96000005370*

1. Entity Name  
*Rev. Samuel Delevoe  
Memorial Foundation*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2520 NW 51st St  
Suite, Apt. #, etc.*

3. Mailing Address

*P.O. Box 101297  
Suite, Apt. #, etc.*

City & State

*Fort Laud.*

City & State

*Fort Laud., Fla*

Zip

*33310*

Country

*USA*

Zip

*33312*

Country

*USA*

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed 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  
Dr. Louis J. Delevoe  
1733 S.W. 5th Street  
Fort Laud., Fla. 33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Editor Samuel James  
Delevoe - 1733 S.W. 5th  
Fort Laud., Fla. 33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Minister Patrice  
Louis Delevoe - 1733  
S.W. 5th St. Ft. Laud.,  
Fla. 33312*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Commissioner Tyson  
Jones 3876 N.W. 90  
Ave, Landeshill, Fla.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-29-04 954-767-0197*

CR2E037B (12/02)