


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000592

1. Corporation Name

DELTA HERITAGE FOUNDATION, INC.

88536 90006 44

Principal Place of Business 5875 CARIBBEAN BLVD. WEST PALM BEACH FL 33407 US	Mailing Address P.O. BOX 2212 WEST PALM BEACH FL 33402
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2. Principal Place of Business 21 3636 Whitehall Dr. Suite, Apt. #, etc. 22 203 City & State 23 West Palm Beach, FL Zip 24 33401	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 1089 Country 30	3. Date Incorporated or Qualified 01/30/1997	4. FEI Number 65-0727124 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DUBOSENS, OTELIA PHD 5875 CARIBBEAN BLVD. WEST PALM BEACH FL 33407	10. Name and Address of New Registered Agent 81 Name Otelia DuBose, Ph.D. 82 Street Address (P.O. Box Number is Not Acceptable) 3636 Whitehall Dr. - 203 83 84 City West Palm Beach FL 85 Zip Code 33401
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DUBOSE, OTELIA PHD 5875 CARIBBEAN BLVD. WEST PALM BEACH FL 33407	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD TAYLOR, ELIZABETH 3600 'T' AVE RIVIERA BEACH FL 33404	1.2 NAME	
TITLE	TD SMOORE, TERRY 7834 CARINA COURT LAKE WORTH FL 33467	1.3 STREET ADDRESS	
TITLE	VD MARSHALL, JAMESENA 901 S. MANGONIA CIRCLE WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	
TITLE		3.2 NAME	MOORE, TERRY
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. 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 annual report 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Otelia DuBose **SIGNATURE REQUIRED** Otelia DuBose 1/12/99 56686-7039
 _____ Date Daytime Phone #

CR2E037 (11/98)