

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90029 030 ****61.25

DOCUMENT # N97000000592

1. Entity Name

DELTA HERITAGE FOUNDATION, INC.



Principal Place of Business

609 CLEAR LAKE AVE
WEST PALM BEACH FL 33401
US

Mailing Address

PO BOX 2212
W PALM BEACH FL 33402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

65-0727124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEBBYE, RAING
609 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name *n/a*

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 *VP (D)*
NAME MARSHALL, JASMENA ☐ Delete
STREET ADDRESS 901 S MAGNOLIA CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE *SD*
NAME CALLOWAY, FREDDIE ☐ Delete
STREET ADDRESS 1581 W 32ND STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE *TD*
NAME MOORE, TERRY ☐ Delete
STREET ADDRESS 7834 CARINA COURT
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE *PD*
NAME RAING, DEBBYE ☐ Delete
STREET ADDRESS 609 CLEAR LAKE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE *FS*
NAME DUBOSE, OTELIA ☐ Delete
STREET ADDRESS 115 E. SARATOGA BLVD.
CITY-ST-ZIP ROYAL PALM FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *VP*
NAME *Robinson, Charice* ☐ Change ☒ Addition
STREET ADDRESS *35 Teal Way*
CITY-ST-ZIP *Boynton Beach, FL 33436*

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

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

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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: *Otelia Dubose* *Financial Secy. Otelia Dubose* 2/9/04 561-434-8508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #