

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90104 015 ****70.00

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

20065336



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07202005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

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

Name
 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

Filing Fee is \$61.25
Due by September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** Change Addition
 NAME Elizabeth Taylor
 STREET ADDRESS 3000 "T" Avenue
 CITY-ST-ZIP Riviera Beach, FL 33404

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

TITLE **Secretary** Change Addition
 NAME Alma Horne
 STREET ADDRESS 261 West 21st street
 CITY-ST-ZIP Riviera Beach, FL 33404

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

TITLE **TD** Change Addition
 NAME Allison Smith
 STREET ADDRESS 7510 Anson Ct.
 CITY-ST-ZIP Lake Worth, FL 33467

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

TITLE **D** Change Addition
 NAME Debbye Raing
 STREET ADDRESS 609 Clear Lake Avenue
 CITY-ST-ZIP West Palm Beach, FL 33401

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

TITLE **D** Change Addition
 NAME Otelia Dubose
 STREET ADDRESS 115 E. Saratoga Blvd.
 CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE **VD** Delete
 NAME ROBINSON, CHARICE
 STREET ADDRESS 35 TEAL WAY
 CITY-ST-ZIP BOYNTON BEACH, FL 33436

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

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 Charice Robinson charice Robinson 7/25/05 (561) 352-8227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #