2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9700000592 1. Entity Name DELTA HERITAGE FOUNDATION, INC.				07-25-2005 90104 015 ****70.00			
609 CLEAR LAKE AVE PO		Mailing Address PO BOX 2212 W PALM BEACH, FL 33402 US		20065336			
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07202005 C			
City & State		City & State		4. FEI Number	ng-NP CR2E	(10/03)	oplied For
,				65-072712	4	<u> </u>	ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired 🔛	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			No.	7. Name and Add	ress of New Registere	d Agent	
DEBBYE,	RAING		Name				
	R LAKE AVENUE LM BEACH, FL 33401		Street Address	s (P.O. Box Number is I	Not Acceptable)		
11001174	CIN DENOVI, I'E 00401						
			City		F	L Zip Cod	е
	named entity submits this statement for	the purpose of changing its re	gistered office or regist	ered agent, or both, in	the State of Florida. I a	<u> </u>	and accept
the obligat	ions of registered agent.						
SIGNATURE.							
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature requi	red when reinstating)	DATI	E	
	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make che	eck payable to	
D (Filing Fee Is \$61.25 ue by September 7, 2005 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make che	eck payable to partment of Si	tate
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10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee Is \$81.25 ue by September 7, 2005 OFFICERS AND DIR D MARSHALL, JASMENA 901 S MAGNOLIA CIRCLE WEST PALM BEACH, FL 33401 SD CALLOWAY, FREDDIE 1581 W 32ND STREET RIVIERA BEACH, FL 33404 TD MOORE, TERRY 7834 CARINA COURT	9. Election Camp Trust Fund Cor ECTORS Delete	aign Financing ntribution. 11. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHANG Zeheth Tac O'T" Avenual Mera Drac Creary No Horne Nest 215 Kiviera B Sun Snith To Anson C	Make the Florida Dep ES TO OFFICERS AND MOY Le Le L, FL 33404 H street Scach, FL 38	DIRECTORS IN Change	Addition
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BOYN FON 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 tike empowered.

SIGNATURE: LALLCE POBINSIA Charice Mobinson 1/22/65 (561) 352-822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Date Date Daylore Prone #