

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000661

1. Entity Name

DEBBIE LEAKEY MINISTRIES (D.L.M.), INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90040 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4516 NW 5TH CT  
DELRAY BEACH FL 33445

4516 NW 5TH CT  
DELRAY BEACH FL 33445-2176

2. Principal Place of Business

5312 NE 6th Ave Unit D20

Suite, Apt. #, etc.

D20

City & State

Ft. Lauderdale, FL

Zip

33334

Country

US

3. Mailing Address

5312 NE 6th Ave

Suite, Apt. #, etc.

D20

City & State

Ft. Lauderdale, FL

Zip

FL

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0728632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEAKEY, DEBBIE  
4516 NW 5TH CT  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

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.

SIGNATURE

Debbie Leakey, President

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	LEAKEY, DEBBIE	4516 NW 5TH CT	DELRAY BEACH FL 33445	<input type="checkbox"/>
DS	HUGHES, DELORES	4516 NW 5TH CT	DELRAY BEACH FL 33445	<input type="checkbox"/>
DT	TRIMM, N. CINDY DR.	4516 NW 5TH CT	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Debbie Leakey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000 (954) 202-7314

CR2E037 (9/99)