

# 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**



DO NOT WRITE IN THIS SPACE

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**  
 Zip **FL** Country **US**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>DP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEAKEY, DEBBIE</b>		NAME	
STREET ADDRESS <b>4516 NW 5TH CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL 33445</b>		CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUGHES, DELORES</b>		NAME	
STREET ADDRESS <b>4516 NW 5TH CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL 33445</b>		CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TRIMM, N. CINDY DR.</b>		NAME	
STREET ADDRESS <b>4516 NW 5TH CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL 33445</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Debbie Leakey, President **4/24/2000** **(954) 202-7314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)