

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 039 ****61.25

DOCUMENT # N97000000661

1. Entity Name
DEBBIE LEAKEY MINISTRIES (D.L.M.), INC.



Principal Place of Business

**5312 NE 6TH AVE
D20
FORT LAUDERDALE FL 33334**

Mailing Address

**5312 NE 6TH AVE
D20
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

5312 NE 6th Ave

3. Mailing Address

5312 NE 6th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D20

D20

City & State

Ft. Lauderdale, Flor. da

City & State

Flor. da Ft. Lauderdale, FL

Zip

33334

Country

Broward

Zip

33334

Country

Broward

4. FEI Number **65-0728632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEAKEY, DEBBIE
5312 NE 6TH AVE
UNIT D20
FORT LAUDERDALE FL 33334**

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. 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

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 **DP** ☐ Delete
NAME **LEAKEY, DEBBIE**
STREET ADDRESS **5312 NE 6TH AVE, UNIT D20**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **DS** ☐ Delete
NAME **HUGHES, DELORES**
STREET ADDRESS **5312 NE 6TH AVE, UNIT D20**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **T** ☐ Delete
NAME **HUGHES, DOLORES**
STREET ADDRESS **5312 NE 6TH AVE, UNIT D20**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: **Debbie Leakey**

4/27/03

(954) 202-7314

CR2E037 (10/02)