2001 UNIFORM BUSINESS REPORT (UBR)

FILE() DOCUMENT # N9900000158 1. Entity Name 010CT -5 PM 3:21 POMPANO BEACH DELTA EDUCATION AND LIFE DEVELOPME SECRETARY OF STATE Principal Place of Business Mailing Address P O BOX 10314 P O BOX 10314 POMPANO BEACH FL 33061 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zio Zip Country \$8,75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WILKERSON, LAKAY **4721 NW 16 STREET** LAUDERHILL FL 33313 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change 500 ☐ Addition Houston Jones, LinDA nn e Delete MIF NAME WILKERSON, LAKAY NAME 3555 W Atlantic Blvd. 4721 NW 16 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pompono Bch, FL 33069 LAUDERHILL FL 33313 CITY-ST-ZIP ☐ Addition (X) Change **Z**ADelete TITLE TITLE Black-Robinson, DJUNA 2350 NW 3914 AVE. WILLIAMS, HETTIE NAME NAME STREET ADDRESS 368 SW 32 AVE STREET ADDRESS Coconut Creek, FL 33066 CITY-ST-ZIP--DEERFIELD BEACH FL 33442 CITY-ST-ZIP Change ____ Addition Delete. TITLE .mne Goiner, Kayhlene MCKINLEY, CONNIE NAME NAME 4762 NW 15 5 street STREET ADDRESS 3110 ESTATES DR STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SF-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: Davima Phone