FILED
Jun 23, 2002 8:00 am
Secretary of State
05-24-2002 91340 013 ****61.25

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

DOCUMENT # N99000006067 ✓

1. Entity Name

DELRAY BEACH CULTURAL ALLIANCE INC.

DO NOT WRITE IN THIS SPACE

[redacted]

- 36297

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 913	P.O. BOX 913
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL.	City & State: DELRAY BEACH, FL.
Zip: 33447 Country: USA	Zip: 33447 Country: USA

4. FEI Number: 650916424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CARTER, MELISSA

Street Address (P.O. Box Number is Not Acceptable): 51 N. SWINTON AVE

City: DELRAY BEACH FL Zip Code: 33483

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: Melissa Carter 5/1/02
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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: PRESIDENT NAME: CARTER, MELISSA D STREET ADDRESS: 51 N. SWINTON AVE CITY-ST-ZIP: DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SECRETARY NAME: ADAMS, GLORIA D STREET ADDRESS: 51 N. SWINTON AVE CITY-ST-ZIP: DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: TREASURER NAME: EASTON, SUSAN D STREET ADDRESS: 950 NW 9TH ST. CITY-ST-ZIP: DELRAY BEACH, FL. 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VICE PRESIDENT NAME: HUNTER, LINDA D STREET ADDRESS: 29 S.E. 4th AVE CITY-ST-ZIP: DELRAY BEACH, FL.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan T. Easton Susan Easton 5/7/02 561-272-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #