

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004730

Entity Name: DIVERTAVISION, INC.**Current Principal Place of Business:**512 LISSIE CT.
MACCLENLY, FL 32063**Current Mailing Address:**PO BOX 765
MACCLENLY, FL 32063 US**FEI Number:** 65-1105034**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MINTZE-COLEMAN, BRENDA J
512 LISSIE CT.
MACCLENLY, FL 32063 US*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:** BRENDA J MINTZE-COLEMAN

04/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name COLEMAN, DR. ANTHONY RSR
Address 512 LISSIE CT.
City-State-Zip: MACCLENLY FL 32063

Title CFO
Name REID, ANTHONY
Address 2822 SANS PARIEL ST.
City-State-Zip: JACKSONVILLE FL 32246

Title COO
Name MINTZE-COLEMAN, BRENDA J
Address PO BOX 765
City-State-Zip: MACCLENLY FL 32063

Title SECRETARY
Name COLEMAN, SHANEL
Address PO BOX 765
City-State-Zip: MACCLENLY FL 32063

Title OFFICER
Name SOBERS, ELAINE
Address 9236 STANMOORE LANE
City-State-Zip: JACKSONVILLE FL 32244

Title OFFICER
Name SMITH, MONIQUE
Address 1260 NW 175TH TERR
City-State-Zip: MIAMI GARDENS FL 33169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MINTZE-COLEMAN , BRENDA J

COO

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date