

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006122

Entity Name: DGI INSPIRED FOUNDATION, INC.**Current Principal Place of Business:**966 COUNTS CREST CIRCLE
APOPKA, FL 32763**Current Mailing Address:**966 COUNTS CREST CIRCLE
APOPKA, FL 32763 US**FEI Number: 16-1678405****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENEAS, BROOK
966 COUNTS CREST CIRCLE
APOPKA, FL 32763 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title OFFICER
Name ENEAS, BROOK M
Address 966 COUNTS CREST CIRCLE
City-State-Zip: APOPKA FL 32763

Title M
Name COFIE, EUNICE
Address 1323 CONSERVANCY DRIVE EAST
City-State-Zip: TALLAHASSEE FL 32312

Title M
Name SCHLOBOHM, ZACH
Address 939 POINT VIEW LANE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name MILLER, RICARDO
Address PO BOX 40103
City-State-Zip: FORT WORTH TX 76140

Title OFFICER
Name JONES, ALISHA L
Address 1380 E. HYDE PARK BLVD
#603
City-State-Zip: CHICAGO IL 60615

Title DIRECTOR
Name MANCE, CHRISTOPHER II
Address 4270 SOMERSET CIRCLE
City-State-Zip: ATLANTA GA 30331

Title SECRETARY
Name TOLEDO, KRIZIA
Address 306 SW 185TH TERRACE
City-State-Zip: PEMBROKE PINES FL 33029

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: BROOK MARIE ENEAS**CHAIR****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date