## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000211

Entity Name: DONATE MEDIA, INC.

**FILED** Apr 14, 2018 **Secretary of State** CC5416736263

## **Current Principal Place of Business:**

2255 SE VETERANS MEMORIAL PKWY #9643

#9643

PORT SAINT LUCIE, FL 34952

## **Current Mailing Address:**

2255 SE VETERANS MEMORIAL PKWY #9643 #9643

PORT SAINT LUCIE, FL 34952 US

FEI Number: 81-0867355 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MISNER, HARRY 2255 SE VETERANS MEMORIAL PKWY #9643 #9643

PORT SAINT LUCIE, FL 34952 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title STD

Name MISNER, HARRY Name BOHLANDER, HEATHER

2255 SE VETERANS MEMORIAL PKWY 2255 SE VETERANS MEMORIAL PKWY Address Address #9643

#9643 #9643 #9643

PORT SAINT LUCIE FL 34952 PORT SAINT LUCIE FL 34952 City-State-Zip: City-State-Zip:

Title D Title D

DAVIS, JON AGREN, JERRY Name Name

Address 2255 SE VETERANS MEMORIAL PKWY Address 2255 SE VETERANS MEMORIAL PKWY

#9643 #9643 #9643 #9643

City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip: PORT SAINT LUCIE FL 34952

Title D

Name JONES, BENJAMIN

2255 SE VETERANS MEMORIAL PKWY Address

#9643 #9643

City-State-Zip: PORT SAINT LUCIE FL 34952

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.

04/14/2018 SIGNATURE: HARRY MISNER PD