

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1600000211

**Entity Name:** DONATE MEDIA, INC.

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MISNER, HARRY  
Address 2255 SE VETERANS MEMORIAL PKWY  
#9643  
#9643  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title STD  
Name BOHLANDER, HEATHER  
Address 2255 SE VETERANS MEMORIAL PKWY  
#9643  
#9643  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title D  
Name DAVIS, JON  
Address 2255 SE VETERANS MEMORIAL PKWY  
#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.*

**SIGNATURE:** HARRY MISNER

PD

04/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date