3/19/2004-90056-048-$62.25-$62.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -1 AM 8:00

DOCUMENT # F03000004981

1. Entity Name
DIVERSITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
3093 BOXELDER ST. DELTONA, FL 32725	3093 BOXELDER ST. DELTONA, FL 32725

03172004 Chg-NP CR2E057 (10/03) MRS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3690308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUEZ, ROBERTO
3093 BOXELDER ST.
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP CAPELLAN, MARIA 7609 34TH AVENUE JACKSON HEIGHTS, NY 11372	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCVP PILLOT, KAREN 2530 INDEPENDENCE AVENUE RIVERDALE, NY 10643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PILLOT, KAREN 2530 INDEPENDENCE AVENUE RIVERDALE, NY 10643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAMOS, HECTOR 633 EAST 230TH STREET BRONX, NY 10466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/17/04 321-439-5793
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #