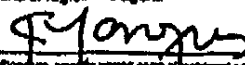


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F03000004981			
1. Entity Name DIVERSITY FOUNDATION, INC.			
Principal Place of Business 3093 BOXELDER ST. DELTONA, FL 32725		Mailing Address 3093 BOXELDER ST. DELTONA, FL 32725	
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 11-3590308		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARQUEZ, ROBERTO 3093 BOXELDER ST. DELTONA, FL 32725		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 		DATE 3/17/04	
Filing Fee is \$62.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Form	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CAPELLAN, MARIA 7809 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 10843 ☐ 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 10843 ☐ 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 10468 ☐ 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)(f), 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: 		DATE 3/17/04 321-4395793	
SIGNATURE AND TYPED CAPTIONED NAME OF SIGNING OFFICER OR DIRECTOR		Exempt From It	

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



03172004 Chg-NP CR2E037 (10/03) mrs