

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004981

FILED
Jul 21, 2005
Secretary of State

Entity Name: DIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

3093 BOXELDER ST.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

3093 BOXELDER ST.
DELTONA, FL 32725

New Mailing Address:

FEI Number: 11-3590308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARQUEZ, ROBERTO
3093 BOXELDER ST.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CAPELLAN, MARIA
Address: 7609 34TH AVENUE
City-St-Zip: JACKSON HEIGHTS, NY 11372

Title: VCVP () Delete
Name: PILLOT, KAREN
Address: 2530 INDEPENDENCE AVENUE
City-St-Zip: RIVERDALE, NY 10643

Title: T () Delete
Name: PILLOT, KAREN
Address: 2530 INDEPENDENCE AVENUE
City-St-Zip: RIVERDALE, NY 10643

Title: S () Delete
Name: RAMOS, HECTOR
Address: 633 EAST 230TH STREET
City-St-Zip: BRONX, NY 10486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIA CAPELLAN

P

07/21/2005

Electronic Signature of Signing Officer or Director

Date