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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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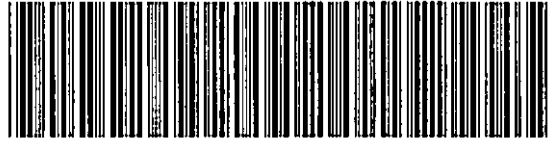
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2022 JUL 25 PM 2:21
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AUG - 1 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversity Activities National Association
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

J Ferlman

Name of Person

Joseph W Ferlman PA

Firm/Company

28461 US 9 N

Address

Clearwater FL 33761

City/State and Zip Code

Joe@Perلمان@aol.com

E-mail address (to be used for future annual report notification)

2002 JUL 25 PM 2:22

For further information concerning this matter, please call:

J Ferlman

Name of Person

at (727) 919 1600

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Diversity Activities National Association INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Hawaii 3. 80-031651
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/13/2008 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 28861 US 19 N Clearwater 33761
(Principal office street address)

(Current mailing address, if different)

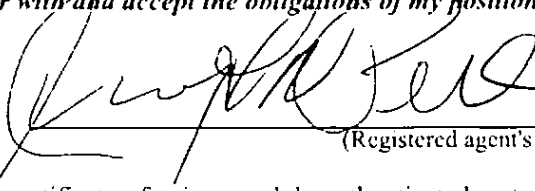
8. Real Estate Investments
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Joseph N Perlman
Office Address: 28861 US 19 N
Clearwater, Florida 33761
(City) (Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>JO HANNA Mecherqui</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>91-350 MAKALEA ST EWA BEACH HI 96706</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>JOSEPH N PERLMAN</u>	<input checked="" type="checkbox"/> Director	<u>BOY CRAIGHEAD</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	<u>3630 VEALE</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	<u># 511</u>
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Secretary	<u>SAN DIEGO CA.</u>
<input type="checkbox"/> Treasurer	_____	<input type="checkbox"/> Treasurer	<u>92103</u>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>PO Box 1255</u>	<input type="checkbox"/> Vice Chairman	Address: <u>TALSON SPURGEON ST SEEF</u>
<input checked="" type="checkbox"/> Director	<u>ALAN FETZOLD</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Secretary	_____
<input type="checkbox"/> Treasurer	_____	<input type="checkbox"/> Treasurer	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>KANA Mecherqui</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>91-350 MAKALEA ST EWA BEACH HI 96706</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Secretary	_____
<input type="checkbox"/> Treasurer	_____	<input type="checkbox"/> Treasurer	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

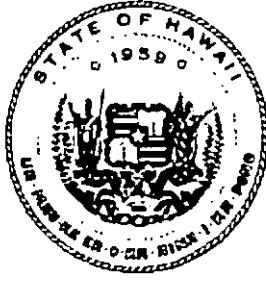
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

OFFICERS ADDENDUM

Offices Held	Full Name	Address
VC	PETZOLD,ALAN	P O BOX 1955, TARPON SPRINGS FL 34688
T/D	CRAIGHEAD JR., GUY	3630 6TH AVENUE, APT. 511, SAN DIEGO CA 92103
D/AS	MECHERGUI,SHENICE	91-350 MAKALEA STREET, EWA BEACH HI 96706
CEO/MC	HENDAYTI, RISNA	PALAPA 1 NO. 12, KALIMANTAN SELATAN, INDONESIA, BANJARDARU 70714 INDONESIA
R	MECHERGUI, KANA'I	91-350 MAKALEA ST, EWA BEACH HI 96706-5922
R	PERLMAN, JOSEPH	28461 US 19 NORTH, CLEARWATER FL 33761



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

DIVERSITY ACTIVITIES NATIONAL ASSOCIATION

was incorporated under the laws of the State of Hawaii on 06/12/2008 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 13, 2022

Carol P. Awas-Cole

Director of Commerce and Consumer Affairs



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
335 Merchant Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF April 1, 2022

CORPORATION NAME AND MAILING ADDRESS

DIVERSITY ACTIVITIES NATIONAL ASSOCIATION
P.O. BOX 2327
EWA BEACH HI 96706

Principal Office Address

91-350 MAKALEA STREET
EWA BEACH HI 96706

1. Nature of Activities

OUR MISSION IS TO INCREASE THE EFFECTIVENESS OF THE QUALITY OF CARE, SUPPORT AND TRAINING OF FOSTER AND HIGH RISK CHILDREN , PROVIDE UNDERSTANDING AND SUPPORT AS AN ADVOCATE FOR THE EFFORTS OF VARIOUS ORGANIZATIONS THROUGH ACTIVITIES AND TRAINING. PROVIDE A NETWORK FOR ONGOING INFORMATION AND ACTIVITIES WHICH ASSIST IN AREAS SUCH AS SCHOLARSHIPS, TRAINING, FUNDRAISING, COMMUNITY SERVICES, MANAGING AND IMPROVING CHARACTER DEVELOPMENT FOR THE YOUTH. DANA HELPS FIND PATH TO HEALTHY, SOBER LIVING. WE STIMULATE POSITIVE SOCIAL INTERACTION, COMMUNITY SPIRIT WITH FUN TO THOSE ACTIVITIES THAT HELP MAKE HEALTHY LIVING A REALITY. THIS PROCESS ASSIST IN HEALING BROKEN FAMILIES DUE TO MENTAL HEALTH OR/ AND SUBSTANCE ABUSE ISSUES. DANA PROVIDES SERVICES TO THE NATIVE HAWAIIAN, OTHER PACIFIC ISLANDERS, ASIANS, BOTH ACTIVE AND NON ACTIVE MILITARY PERSONNEL AND ALL FAMILIES THAT NEED HEALING DUE TO SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES.

2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

DR. JO HANNA MECHERGUI
91-350 MAKALEA ST
EWA BEACH HI 96706

3. List all officers and directors.

Offices Held	Full Name	Address
CEO	MECHERGUI, JO HANNA	91-350 MAKALEA ST, EWA BEACH HI 96706
S	OROZCO, DIANA	1710 WEST VICTORY BLVD #E, BURBANK CA 91506
D	MECHERGUI, ALYCEA	92-1518 ALIINUI DRIVE APT 7, KAPOLEI HI 96707
C	MUHAMMAD, TERRANCE	81 SOUTH AVE, BATTLE CREEK MI 49014

CONTINUED ON OFFICERS ADDENDUM

<input type="checkbox"/>	NO CHANGES Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.
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CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 1, 2022	DR. JO HANNA MECHERGUI	DR. JO HANNA MECHERGUI
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 223044 D2
Rev. 10/2013

2022 B18
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Nonrefundable Filing Fee: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



06/13/200820054

FILED 06/12/2008 09:30 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

ARTICLES OF INCORPORATION
(Section 414D-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, desiring to form a nonprofit corporation under the laws of the State of Hawaii, certify as follows:

The name of the corporation shall be:

Diversity Activities National Association

II

The mailing address of the corporation's initial principal office is:

91-350 Makale'a Street, Ewa Beach, Hawaii
96706

III

The corporation shall have and continuously maintain in the State of Hawaii a registered office and a registered agent. The agent may be an individual resident of Hawaii, a domestic entity or a foreign entity authorized to transact business in the State, whose business office is identical with the registered office.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

Jo Hanna Mechengui Hawaii
(Name of Registered Agent) (State or Country)

- b. The street address of the corporation's initial registered office in the State of Hawaii is:

91-350 Makale'a Street
Ewa Beach, Hawaii 96706

06/13/200820054

IV

The name and address of each incorporator is:

Name

Address

Joanna Mecherqui 91-350 Makalea St. Ewa Beach
 Alyce Jane Mecherqui 91-350 Makalea Ewa Beach

V

Please check one:



The corporation has members.



The corporation has no members.

VI

The corporation is nonprofit in nature and shall not authorize or issue shares of stock. No dividends shall be paid and no part of the income or profit of the corporation shall be distributed to its members, directors, or officers, except for services actually rendered to the corporation, and except upon liquidation of its property in case of corporate dissolution.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements and that the same are true and correct.

Signed this

11 day of June

2008

Joanna Mecherqui
 (Type/print Name of Incorporator)

Joanna Mecherqui
 (Type/print Name of Incorporator)

(Signature of Incorporator)

(Signature of Incorporator)

SEE INSTRUCTIONS PAGE. The articles must be signed by at least one individual (incorporator).