

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90458 044 ****70.00

DOCUMENT # N01000002604

1. Entity Name

DIVERSITY PLANNING INSTITUTE, INC.



Principal Place of Business

1350 EAST SUNRISE BLVD.
C/O ARTSERVE
FORT LAUDERDALE FL 33304

Mailing Address

3240 SEAWARD DRIVE
LAUDERDALE BY THE SEA FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-1104863

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

KENNEDY, BEVERLY
3240 SEAWARD DRIVE
LAUDERDALE BY THE SEA FL 33062

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

Beverly Kennedy BEVERLY KENNEDY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 2004

FILE NOW: 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 S.T.
NAME KENNEDY, BEVERLY
STREET ADDRESS 3240 SEAWARD DRIVE
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33062 ☐ Delete

TITLE P.S.T.
NAME D. BEVERLY KENNEDY ☒ Change ☐ Addition
STREET ADDRESS 3240 SEAWARD DRIVE
CITY-ST-ZIP LAUD BY THE SEA, FL 33062

TITLE PD
NAME PITTMAN, LEN ☐ Delete
STREET ADDRESS 4455 NW 45 TERRACE SUITE 101
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE V.P.
NAME LEN PITTMAN ☒ Change ☐ Addition
STREET ADDRESS 4455 NW 45th TRM. SUITE 101
CITY-ST-ZIP COCONUT, CREEK, FL 33073

TITLE D
NAME PIERRE, HANS ☒ Delete
STREET ADDRESS COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33319

TITLE D.
NAME THOMAS E. BURRIS ☐ Change ☒ Addition
STREET ADDRESS 330 OAKS TRAIL SUITE 116
CITY-ST-ZIP GARLAND, TEXAS 75043

TITLE D
NAME HAROLD, SHIRLEY ☒ Delete
STREET ADDRESS 1543 NW 10TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MCCORMICK, NUCCIA ☐ Delete
STREET ADDRESS 11 HARBORAGE ISLE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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:

Beverly Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 18, 2004

954-783-9483

Daytime Phone #