

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001354

FILED
Jan 23, 2009
Secretary of State

Entity Name: DIGITAL MEDIA EDUCATION COMMUNITY MENTORING PROGRAM, INC.

Current Principal Place of Business:

701 N. V STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

PO BOX 4212
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 01-0599147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVRIEN, JOHN
6840 LAKE JOANNE DR
PENSACOLA, FL 32506 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: D () Delete
Name: LOVRIEN, JOHN
Address: 6840 LAKE JOANNE DR
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: SKELLEY, IAN
Address: 1303 POPPY AVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: IAN C SKELLEY

D

01/23/2009

Electronic Signature of Signing Officer or Director

Date