

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003584

FILED
Apr 15, 2009
Secretary of State

Entity Name: DETERMINE THE DIFFERENCE INC.

Current Principal Place of Business:

2169 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

2169 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-8800123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOIDGE, RITA K
2169 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259 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: PD () Delete
Name: HAMMOND, DENNIS E
Address: 2389 LOWER HAWTHORNE TRAIL
City-St-Zip: CAIRO, GA 39828

Title: SD () Delete
Name: DEVANEY, DAVID P
Address: 9058 WALNUT DR.
City-St-Zip: WHITEMORE LAKE, MI 48189

Title: TD () Delete
Name: DOIDGE, RITA K
Address: 2169 HAWKCREST DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: HARMON, DEREK E
Address: 2217 DELLWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: SWAIN, DAN
Address: 9 GENESEE ST
City-St-Zip: SCOTTSVILLE, NY 14546

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HARMON, DEREK H
Address: 2217 DELLWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32201

Title: D (X) Change () Addition
Name: DOIDGE, RITA K
Address: 2169 HAWKCREST DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change () Addition
Name: MAC FARREN, DAN
Address: 5339 CHESTNUT LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD (X) Change () Addition
Name: SWAIN, DAN
Address: 9 GENESEE ST
City-St-Zip: SCOTTSVILLE, NY 14546

Title: D () Change (X) Addition
Name: FOWLER, SHANE
Address: 912 DOTY BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

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: RITA DOIDGE

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date