

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003584

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** DETERMINE THE DIFFERENCE INC.

**Current Principal Place of Business:**

2389 LOWER HAWTHORNE TRAIL  
CAIRO, GA 95828

**New Principal Place of Business:**

2334 HOLLY LEAF LANE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2389 LOWER HAWTHORNE TRAIL  
CAIRO, GA 95828

**New Mailing Address:**

2334 HOLLY LEAF LANE  
ORANGE PARK, FL 32073

**FEI Number:** 20-8800123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOIDGE, RITA K  
6249 ECLIPSE CIRCLE  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

SINN, JAMES E SR.  
2334 HOLLY LEAF LANE  
ORANGE PARK, FL 32073 US

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: JAMES E. SINN, SR.

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOULTER, SPENCER K  
Address: 205 JOHNS GLEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD  
Name: HARMON, DEREK H  
Address: 402 7TH AVE N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD  
Name: DOIDGE, RITA K  
Address: 6249 ECLIPSE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D  
Name: MAC FARREN, DAN  
Address: 34 26TH AVENUE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD  
Name: BRYAN, JOHNNIE  
Address: 9905 MARGATE HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: FOWLER, SHANE  
Address: 912 DOTY BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: SPENCER K. BOULTER

PD

02/07/2012

Electronic Signature of Signing Officer or Director

Date