2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003532

FILED May 21, 2009 Secretary of State

Entity Name: NATIONAL TASKFORCE FOR DIGITAL INCLUSION FOUNDATION, INC.

Current Finicipal Flace of Business.	New Fillicipal Flace of Busiless.	
	247 M DIO MOTA OT	

2324 N HASTINGS ST 317 W RIO VISTA CT ORLANDO, FL 32808 TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

2324 N HASTINGS ST 317 W RIO VISTA CT ORLANDO, FL 32808 TAMPA, FL 33604

FEI Number: 20-8746217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MEDRANO, JULIO A
2324 N HASTINGS ST
ORLANDO, FL 32808 US
MEDRANO, JULIO A
317 W RIO VISTA CT
TAMPA, FL 33604 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: 05/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Block of Business

Title: VP () Delete Title: VP (X) Change () Addition Name: MEDRANO, JULIO A Name: MEDRANO, JULIO A Address: 327 M PIO VISTA CT

 Address:
 2324 N HASTINGS ST
 Address:
 317 W RIO VISTA CT

 City-St-Zip:
 ORLANDO, FL 32808 US
 City-St-Zip:
 TAMPA, FL 33604 US

Title: VP () Delete Title: VP (X) Change () Addition Name: MEDRANO, SARA Name: MEDRANO, SARA

 Name:
 MEDRANO, SARA
 Name:
 MEDRANO, SARA

 Address:
 2324 N HASTINGS ST
 Address:
 317 W RIO VISTA CT

 City-St-Zip:
 ORLANDO, FL 32808 US
 City-St-Zip:
 TAMPA, FL 33604 US

Title: P () Delete Title: () Change () Addition

 Name:
 RICH, CALHOUN
 Name:

 Address:
 3396 KIVETON COURT
 Address:

 City-St-Zip:
 NORCROSS, GA 30092 US
 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: JULIO MEDRANO VP 05/21/2009