

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011528

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE POWER OF DIVERSITY MENTORSHIP EXCHANGE PROGRAM INC.

Current Principal Place of Business:

THE CENTRE- 9900 STIRLING ROAD
SUITE 408
COOPER CITY, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

THE CENTRE- 9900 STIRLING ROAD
SUITE 408
COOPER CITY, FL 33024 US

New Mailing Address:

FEI Number: 26-4423492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, NICOLE L MS.
THE CENTRE- 9900 STIRLING ROAD
SUITE 408
COOPER CITY, FLORIDA, FL 33024 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: P () Delete
Name: CARTER, NICOLE L MS.
Address: THE CENTRE- 9900 STIRLING ROAD, SUITE 408
City-St-Zip: COOPER CITY, FL 33024 US

Title: DIR () Delete
Name: BRODERICK, HERBERT T MR.
Address: THE CENTRE- 9900 STIRLING ROAD, SUITE 408
City-St-Zip: COOPER CITY, FL 33024 US

Title: DIR () Delete
Name: BETTHY, SAINT-VIL M MRS.
Address: THE CENTRE- 9900 STIRLING ROAD, SUITE 408
City-St-Zip: COOPER CITY, FL 33024 US

Title: DIR () Delete
Name: BATTLE, THELMA J MS.
Address: THE CENTRE- 9900 STIRLING ROAD, SUITE 408
City-St-Zip: COOPER CITY, FL 33024 US

Title: DIR () Delete
Name: BATTLE, MYLES
Address: THE CENTRE-9900 STIRLING RD., SUITE 408
City-St-Zip: COOPER CITY, FL 33024

Title: DIR () Delete
Name: RODRIGUEZ, LISA
Address: THE CENTRE-9900 STIRLING RD., SUITE 408
City-St-Zip: COOPER CITY, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NICOLE CARTER

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date