

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011927

FILED  
Mar 07, 2012  
Secretary of State

Entity Name: DIVAS4 INC.

**Current Principal Place of Business:**

1055 41ST AVENUE NORTH  
ST. PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1055 41ST AVENUE NORTH  
ST. PETERSBURG, FL 33703 US

**New Mailing Address:**

FEI Number: 27-1490928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAINGUTH, DONNA D  
7481 10TH STREET NORTH  
ST. PETERSBURG, FL 33702 US

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

WEBB, TIFFANY M  
1055 41 AVENUE NORTH  
ST. PETERSBURG, FL 33703 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: TIFFANY MACFAWN WEBB      03/07/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEBB, TIFFANY  
Address: 1055 41ST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: VP  
Name: STOVER, CORRIE  
Address: 1350 BRIGHTWATERS BOULEVARD NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: SEC  
Name: CONNELL, KRISTIN  
Address: 4761 COCONUT PALM CIRCLE NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: TREA  
Name: CONNELL, KRISTIN  
Address: 4761 COCONUT PALM CIRCLE NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

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: TIFFANY MACFAWN WEBB      PRES      03/07/2012  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date