

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50230

FILED
Jan 06, 2010
Secretary of State

Entity Name: DISTRICT FOUR, INC.

Current Principal Place of Business:

6401 SW 87 AVE
STE 204
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVE
STE 204
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0349921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBS, DAVID
6401 S.W. 87 AVE., SUITE 204
MIAMI, FL 33173 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: VD
Name: LANE, KAREN J
Address: 1122 ANGELA ST.
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: JOINER, MARI
Address: 322 MAHOGANY DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D
Name: MOORE, BRUCE
Address: 201 FRONT ST., SUITE 209
City-St-Zip: KEY WEST, FL 33040

Title: DS
Name: LEVINE, MAUREEN
Address: 700 S ROYAL POINCIANA BLVD # 400
City-St-Zip: MIAMI, FL 33166

Title: D
Name: BERSACH, TERESITA I
Address: 1760 BELL TOWER LANE
City-St-Zip: WESTON, FL 33326

Title: D
Name: ULLOA, VICTOR O
Address: 16100 S.W. 81 AVENUE
City-St-Zip: VILLAGE PALMETTO BAY, FL 33157

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: MAUREEN LEVINE

DS

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date