

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000969

Entity Name: DIASPORA VIBE CULTURAL ARTS INCUBATOR, INC.**Current Principal Place of Business:**600 NE 36 STREET
PH 16
MIAMI, FL 33137**Current Mailing Address:**600 NE 36 STREET
PH 16
MIAMI, FL 33137 US**FEI Number: 02-0546537****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, MARLON AESQ
13525 S.W. 119TH AVENUE
MIAMI, FL 33186 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HILL, MARLON A ESQ.
Address	13525 S.W. 119TH AVENUE
City-State-Zip:	MIAMI FL 33186

Title	PRESIDENT
Name	GORDON- WALLACE, ROSIE
Address	686 N.E. 56 ST
City-State-Zip:	MIAMI FL 33137

Title	CHAIRMAN
Name	ORANE, ANDREA
Address	1369 BIARRITZ DRIVE
City-State-Zip:	MIAMI FL 33141

Title	DIRECTOR
Name	DIEHL, KIM
Address	4756 ALTON ROAD
City-State-Zip:	MIAMI FL 33140

Title	DIRECTOR
Name	FULLER, VASHTI
Address	2000 N BAYSHORE
City-State-Zip:	MIAMI FL 33137

Title	TREASURER
Name	MYERS, GORDON
Address	333 NE 23 STREET
City-State-Zip:	MIAMI FL 33137

Title	COO
Name	WALLACE, ROY
Address	686 NE 56 STREET
City-State-Zip:	MIAMI FL 33137

Title	ASST. TREASURER
Name	KING, CAROL
Address	88 KENT F
City-State-Zip:	WEST PALM BEACH FL 33417

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: ROSIE GORDON-WALLACE**PRESIDENT****01/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date