

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005803

Entity Name: D.I.P. FOUNDATION INC**Current Principal Place of Business:**7545 CENTURION PARKWAY SUITE
103
JACKSONVILLE, FL 32256**Current Mailing Address:**7643 GATE PARKWAY
104-160
JACKSONVILLE, FL 32256 US**FEI Number:****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICKENS, P.K.
7643 GATE PARKWAY SUITE #104-160
JACKSONVILLE, FL 32256 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:** P.K. MICKENS

11/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MICKENS, KATINA
Address	7650 SENTRY OAK CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIR
Name	MICKENS, ROSCOE
Address	1549 WEST 25TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIR
Name	LEOW, TIMOTHY
Address	149 PLANTATION BLVD
City-State-Zip:	LAKE WORTH FL 33467

Title	TRUSTEE
Name	CUMMINGS, FABIAN
Address	7643 GATE PARKWAY 104-160
City-State-Zip:	JACKSONVILLE FL 32256

Title	OFFICER
Name	WILLIAMS, DAVID
Address	7643 GATE PARKWAY 104-160
City-State-Zip:	JACKSONVILLE FL 32256

Title	OFFICER
Name	WILLIAMS, DAVID
Address	7643 GATE PARKWAY 104-160
City-State-Zip:	JACKSONVILLE FL 32256

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: KATINA MICKENS**PRESIDENT**

11/14/2014

Electronic Signature of Signing Officer/Director Detail

Date