## 2015 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: 45-3947517 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 04/30/2015

Electronic Signature of Registered Agent

Date

**FILED** Apr 30, 2015

**Secretary of State** 

CC8594109473

Officer/Director Detail:

Title Title DIR

MICKENS, KATINA Name Name MICKENS, ROSCOE

7650 SENTRY OAK CIRCLE WEST Address Address 1549 WEST 25TH STREET City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: JACKSONVILLE FL 32256

Title **TRUSTEE** Title DIR

LEOW, TIMOTHY Name **CUMMINGS, FABIAN** Name 7643 GATE PARKWAY Address Address

149 PLANTATION BLVD 104-160

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip:

JACKSONVILLE FL 32256

Title **OFFICER** 

Name WILLIAMS, DAVID 7643 GATE PARKWAY Address

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** 

Electronic Signature of Signing Officer/Director Detail

04/30/2015 Date