

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005803

**Entity Name:** D.I.P. FOUNDATION INC**Current Principal Place of Business:**7643 GATE PARKWAY  
104-160  
JACKSONVILLE, FL 32256**Current Mailing Address:**7643 GATE PARKWAY  
104-160  
JACKSONVILLE, FL 32256 US**FEI Number:** 81-1592977**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

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	KATINA LATOSHION MICKENS PLLC
Address	7643 GATE PARKWAY 104-160
City-State-Zip:	JACKSONVILLE FL 32256

  

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

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

  

Title	ASST. SECRETARY
Name	BROOKS, JALEB
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:** P.K. MICKENS**DIRECTOR**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date