

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010227

**Entity Name:** DIVERSITY ACCESS PIPELINE, INC.

**Current Principal Place of Business:**

401 N ASHLEY DR.  
SUITE 173044  
TAMPA, FL 33672

**Current Mailing Address:**

P.O. BOX 173044  
TAMPA, FL 33672 US

**FEI Number:** 83-2090199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARIS, CLINTON  
10014 WATER WORKS LANE  
RIVERVIEW, FL 33578 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 HARDRICK, JOSELINE  
Address P.O. BOX 173044  
City-State-Zip: TAMPA FL 33672

Title D, T  
Name GEORGES , MICHENA  
Address 401 N ASHLEY DR.  
SUITE 173044  
City-State-Zip: TAMPA FL 33672

Title D, VP  
Name SALEH, SUMAYYA  
Address 401 N ASHLEY DR.  
SUITE 173044  
City-State-Zip: TAMPA FL 33672

Title D  
Name LITTLE, JAMILA  
Address 401 N ASHLEY DR.  
SUITE 173044  
City-State-Zip: TAMPA FL 33672

Title D,S  
Name DECOPAIN, SUZANNE  
Address 401 N ASHLEY DR.  
SUITE 173044  
City-State-Zip: TAMPA FL 33672

*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:** JOSELINE HARDRICK

**PRESIDENT & DIRECTOR** 05/01/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date