

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000047

FILED
Mar 19, 2009
Secretary of State

Entity Name: DREAM AGAIN MINISTRIES INC.

Current Principal Place of Business:

1580 SHERBROOK DR.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1580 SHERBROOK DR.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 42-1643248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANZO, ISAAC J
4767 NEW BROAD STREET
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MANZO, PASCO A.
Address: 1580 SHERBROOK DR.
City-St-Zip: CLERMONT, FL 34711

Title: VCP () Delete
Name: MANZO, MARY ANN
Address: 1580 SHERBROOK DR.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SFAMENI, RICHARD
Address: 20 YOUNG ST. NORTH
City-St-Zip: PROVIDENCE, RI 02886

Title: D () Delete
Name: FREEMAN, EDWARD
Address: 243 PROMENADE AVE.
City-St-Zip: WARWICK, RI 02886

Title: S () Delete
Name: STROTHOFF, JACQUI
Address: 27 WALKER AVE.
City-St-Zip: LINCOLN, RI 02865

Title: T () Delete
Name: RICCI, ARTHUR III
Address: 38 RED CEDAR LN.
City-St-Zip: NORTH PROVIDENCE, RI 02904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SFAMENI, RICHARD
Address: 20 YOUNG ST.
City-St-Zip: NORTH PROVIDENCE, RI 02904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PASCO A. MANZO

CP

03/19/2009

Electronic Signature of Signing Officer or Director

Date