2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90136 005 ****61.25

DOCUMENT # N00000005315

1. Entity Name
DREAM CENTER MINISTRIES, INC.

Principal Place of Business	Mailing Address
1606 HOPE CIRCLE PANAMA CITY FL 32407	2433 THOMAS DRIVE #175 PANAMA CITY FL 32408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
531 BeckRich Rd.	531 BeckRich Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach Fl.	City & State: Panama City Beach Fl.
Zip: 32407 Country: Bay	Zip: 32407 Country: Bay

4. FEI Number 59-3656449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, BILLY
1606 HOPE CIRCLE
PANAMA CITY FL 32407

7. Name and Address of New Registered Agent

Name: Richard, Billy
Street Address (P.O. Box Number is Not Acceptable): 531 BeckRich Rd.
City: Panama city Beach FL Zip Code: 32407

8. 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: Billy Richard — Billy Richard — 02/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD, BILLY 555-A BECK RICH ROAD, PMB#163 PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUTHERFORD, ANDREW S 323 REID AVENUE CARABELLE FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, ROBERT P.O. BOX 273 CARABELLE FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Billy Richard SIGNATURE Billy Richard — 02/10/02 — 850.235.9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #