

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011129

FILED
Apr 20, 2011
Secretary of State

Entity Name: DREAM CENTER OF TAMPA, INC.

Current Principal Place of Business:

5101 VAN DYKE ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5101 VAN DYKE ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANDREASEN, ALLAN
5517 VAN DYKE ROAD
LUTZ, FL 33558 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: P/D
Name: ALTMAN, CRAIG
Address: 5101 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: VP
Name: BONHAM, CHRIS
Address: 5101 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: ST/D
Name: ANDREASEN, ALLAN
Address: 5517 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: YNES, ANDREW
Address: 5101 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: MORRISON, DON
Address: 5101 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

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: CRAIG ALTMAN

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date