


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016595

DOCUMENT # N98000004856

1. Entity Name
DREAMKEEPERS, INC.



FILED

03 OCT -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**9625 LEESIDE COURT
WINDERMERE FL 34786** **9625 LEESIDE COURT
WINDERMERE FL 34786**



RENOTATED
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3539281** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERKINS, JERALDINE H
9625 LEESIDE COURT
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeraldine H Perkins* **10/3/03** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, JERALDINE H DR.	
STREET ADDRESS	9625 LEESIDE COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERKINS, JOSEPH MR.	
STREET ADDRESS	9625 LEESIDE COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARE, WARREN L MR.	
STREET ADDRESS	1311 KIRK STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODGERS, SUZETTE MRS.	
STREET ADDRESS	26 WEST HAMMON DRIVE	
CITY-ST-ZIP	APOPKA FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMS, ANGELA MRS.	
STREET ADDRESS	5664 BRECKENRIDGE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARE, RODERICK L	
STREET ADDRESS	3553 SWALLOW DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700023621047
CITY-ST-ZIP	10/07/03--01057--023 **236.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jeraldine H Perkins* **SIGNATURE REQUIRED** **10/2/03** **407-245-8711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)