

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 040 ****61.25

DOCUMENT # N02000006805

1. Entity Name

ST. PETERSBURG DREAM CENTER, INC.



Principal Place of Business

2756 CENTRAL AVE
SAINT PETERSBURG FL 33712

Mailing Address

2756 CENTRAL AVE
SAINT PETERSBURG FL 33712



2. Principal Place of Business

4359 35th St. N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33714

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

04-3642433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INFANZON, SAM
3301 58TH AVE, S., #509
ST PETERSBURG FL 33712

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

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
Due By May 1, 2006

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 ☐ Delete
NAME FLECK, RICHARD
STREET ADDRESS 6500 SUNSET WAY #521
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE ☐ Delete
NAME GILLIS, THOMAS
STREET ADDRESS 7126 13TH ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Delete
NAME INFANZON, SAMUEL
STREET ADDRESS 3301 58TH AVE. S., #509
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Richard Fleck* RICHARD FLECK, TREASURER 4/24/06 727 520-1909