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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

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Fax Number : (323) 962-3889

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**FOREIGNPROFIT/NONPROFITCORPORATION
DREAMS FOR SENIORS CHARITY INC.**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176381
FROM	Emma Richardson
DATE	1/2/2014 7:49:03 AM PST
RE	FL Foreign Qualification LZ Order #508388582

COVER MESSAGE

Emma Richardson
Document Processor, Business Services
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DREAMS FOR SENIORS CHARITY INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Imelda Vasquez

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand

Address

Glendale, CA 91203

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at (323) 962-8600

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. DREAMS FOR SENIORS CHARITY INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Illinois 3. _____ (FEI number, if applicable)
 (State or country under the law of which it is incorporated)
4. 11/02/2005 5. Perpetual
 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2014
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty/liability.)
7. 516 Court St, Pekin, IL 61554
 (Principal office address)

 (Current mailing address)

8. To grant dreams to clinically or critically ill senior citizens over the age of 68 starting in the following counties: Sumter, Hernando, Citrus, Lake and Marion.
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: United States Corporation Agents, Inc.

Office Address: 13302 Winding Oak Court Suite A

Tampa, Florida 33612
 (City) (Zip Code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jacob Varghese, VP, on behalf of United States Corporation Agents, Inc.

 (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: DEBRA LYNN DAVISONAddress: 2893 Oak Point Terrace
The Villages, FL 32163

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DEBRA LYNN DAVISONAddress: 2893 Oak Point Terrace
The Villages, FL 32163

Vice President: _____

Address: _____

Secretary: Patty WhaleyAddress: 101 Shorewood Drive Tavares, FL 32778Treasurer: Dennis W. DAVISONAddress: 2893 Oak Point Terrace The Villages, FL 32163

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Debra Lynn Davison, President


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DEBRA LYNN DAVISON, President

(Typed or printed name and capacity of person signing application)

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Jesse White

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