

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006805

**Entity Name:** ST. PETERSBURG DREAM CENTER, INC.**Current Principal Place of Business:**6632 68TH STREET  
PINELLAS PARK, FL 33781**Current Mailing Address:**6632 68TH STREET  
PINELLAS PARK, FL 33781 US**FEI Number:** 04-3642433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INFANZON, SAM  
6632 68TH STREET  
PINELLAS PARK, FL 33781 US*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**Officer/Director Detail :**

Title	P
Name	INFANZON, SAMUEL
Address	6632 68TH STREET
City-State-Zip:	PINELLAS PARK FL 33781

Title	SECRETARY
Name	BYRD, CONNIE
Address	4097 46TH AVE. NORTH
City-State-Zip:	ST. PETERSBURG FL 33714

Title	TREASURER
Name	GILLIS, THOMAS P
Address	3641 EAST NORTH CORNER RD
City-State-Zip:	LANCASTER SC 29720

Title	PASTOR
Name	MCCOY, CHARLES
Address	6545 4TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33702

*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:** THOMAS P GILLIS**TREASURER****02/27/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date