

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006805

Entity Name: ST. PETERSBURG DREAM CENTER, INC.**Current Principal Place of Business:**3567 CYPRESS TERRACE
PINELLAS PARK, FL 33781**Current Mailing Address:**3567 CYPRESS TERRACE
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	VP
Name	MAHONEY, ELZIE
Address	6491 29TH STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33702

Title	TREASURER
Name	GILLIS, THOMAS P
Address	7126 13TH STREET NORTH
City-State-Zip:	SAINT PETERSBURG FL 33702

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

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	PASTOR
Name	CRUZ, HELION W
Address	535 25TH AVE. SOUTH
City-State-Zip:	ST. PETERSBURG FL 33705

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****01/25/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date