

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011129

**FILED  
Jan 18, 2019  
Secretary of State  
3504569909CC**

**Entity Name:** DREAM CENTER OF TAMPA, INC.

**Current Principal Place of Business:**

2806 NORTH 15TH STREET  
TAMPA, FL 33605

**Current Mailing Address:**

5101 VAN DYKE ROAD  
LUTZ, FL 33558

**FEI Number:** 27-4085160

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALTMAN, CRAIG  
5101 VAN DYKE ROAD  
LUTZ, FL 33558 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            PRESIDENT, CHAIRMAN  
Name            ALTMAN, CRAIG  
Address        5101 VAN DYKE ROAD  
City-State-Zip: LUTZ FL 33558

Title            VP  
Name            DAVIS, CHRIS  
Address        5101 VAN DYKE ROAD  
City-State-Zip: LUTZ FL 33558

Title            TREASURER, SECRETARY  
Name            CALL, MICHAEL  
Address        5101 VAN DYKE ROAD  
City-State-Zip: LUTZ FL 33558

*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:** MICHAEL CALL

**SECRETARY**

**01/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date