

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002552

**Entity Name:** SWEET DREAMS FOUNDATION, INC.

**Current Principal Place of Business:**

3437 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3437 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32607 US

**FEI Number:** 45-4742129

**Certificate of Status Desired:** No

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

MANFREDI, MICHAEL J  
3437 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32607 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 MANFREDI, MICHAEL J  
Address 3437 WEST UNIVERSITY AVENUE  
City-State-Zip: GAINESVILLE FL 32607

Title VP  
Name OTT, KRISTA K  
Address 1025 NE 13TH STREET  
City-State-Zip: GAINESVILLE FL 32601

Title T  
Name CLAPP, BEVERLY B  
Address 3123 NW 27TH AVENUE  
City-State-Zip: GAINESVILLE FL 32605

Title A  
Name WADSWORTH, J P  
Address 9512 SW 101ST AVENUE  
City-State-Zip: GAINESVILLE FL 32608

*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:** J P WADSWORTH

A

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date