

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010556

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC1699200615**

**Entity Name:** DREAMCATCHERS FOR THE SOUL FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

12968 SW 21ST STREET  
MIRAMAR, FL 33027

**Current Mailing Address:**

12968 SW 21ST STREET  
MIRAMAR, FL 33027

**FEI Number: 46-1867323**

**Certificate of Status Desired: No**

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

REID, PAMELLA  
12968 SW 21ST STREET  
MIRAMAR, FL 33027 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	D
Name	REID, PAMELLA
Address	12968 SW 21ST STREET
City-State-Zip:	MIRAMAR FL 33027
Title	D
Name	BAILEY, ANGIE
Address	8681 NW 3RD STREET
City-State-Zip:	PEMBROKE PINES FL 33024-6566

Title	D
Name	STEVENS, ALMA
Address	919 HILLCREST DRIVE #615
City-State-Zip:	HOLLYWOOD FL 33021
Title	DIRECTOR, MIND/BODY
Name	MORRIS, YVONNE P
Address	2524 SW 177 TERRACE
City-State-Zip:	2524 SW 177 TER MIRAMAR FL 33029-5129

*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: PAMELLA REID**

**EXECUTIVE DIRECTOR**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date