

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010556

Entity Name: DREAMCATCHERS FOR THE SOUL FOUNDATION,
INCORPORATED**FILED**
Mar 28, 2014
Secretary of State
CC9413245109**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 33027Title D
Name STEVENS, ALMA
Address 919 HILLCREST DRIVE #615
City-State-Zip: HOLLYWOOD FL 33021Title D
Name BOYCE, KIOKA
Address 1381 N W 204TH STREET
City-State-Zip: MIAMI GARDENS FL 33169Title D
Name BAILEY, ANGIE
Address 8681 NW 3RD STREET
City-State-Zip: PEMBROKE PINES FL 33024-6566Title 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****03/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date