

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010556

Entity Name: DREAMCATCHERS FOR THE SOUL FOUNDATION,
INCORPORATED**FILED**
Apr 04, 2023
Secretary of State
7242619269CC**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	BROWN, LAVERN DIRECTOR
Address	1424 VICTORIA BOULEVARD
City-State-Zip:	ROCKLEDGE FL 32955
Title	TREASURER
Name	MARIA , CABRERA
Address	12968 SW 21ST STREET
City-State-Zip:	MIRAMAR FL 33027

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
Title	BOARD MEMBER
Name	LUCY , MARTINEZ
Address	12968 SW 21ST STREET
City-State-Zip:	MIRAMAR FL 33027

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****04/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date