

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

DOCUMENT# N13000007962

**Entity Name:** IF I CAN DREAM FOUNDATION, INC.**Current Principal Place of Business:**2040 VIRGINIA BLVD.  
FORT MYERS, FL 33901**Current Mailing Address:**2040 VIRGINIA BLVD.  
FORT MYERS, FL 33901 US**FEI Number: 46-3815253****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOLLY, ROGER E  
2040 VIRGINIA BLVD.  
FORT MYERS, FL 33901 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/P
Name	LOLLY, ROGER
Address	2040 VIRGINIA BLVD.
City-State-Zip:	FORT MYERS FL 33901

Title	D/T
Name	LOLLY, KRISTEN
Address	2040 VIRGINIA AVE.
City-State-Zip:	FORT MYERS FL 33901

Title	D/VP
Name	SLIVA, REUBEN
Address	3949 W. RIVERSIDE DR.
City-State-Zip:	FORT MYERS FL 33901

Title	D/S
Name	SLIVA, ERIN
Address	3949 W. RIVERSIDE DR.
City-State-Zip:	FORT MYERS FL 33901

Title	D/AS
Name	ERICKSON, JENNIFER
Address	7 NW 24TH PL.
City-State-Zip:	CAPE CORAL FL 33993

*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: ROGER LOLLY****FOUNDER****04/26/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date