

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001929

Entity Name: BROOKE D. JENKINS DREAM 360 CENTER INC.**Current Principal Place of Business:**750 SOUTH OBT
246
ORLANDO, FL 32805**Current Mailing Address:**430 VENTURA AVE
ORLANDO, FL 32805**FEI Number: 46-4751281****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERVER CLARK, RENETTE
2159 ORANGE CENTER BLVD
APT 1202
ORLANDO, FL 32805 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	GERVER CLARK, RENETTE
Address	2159 ORANGE CENTER BLVD 1202
City-State-Zip:	ORLANDO FL 32805

Title	ASST. SECRETARY
Name	BRIGHT, ANGELISA
Address	430 VENTURA AVENTURA
City-State-Zip:	ORLANDO FL 32805

Title	TREASURER
Name	RACHELLE , EDWARDS
Address	12985 DAUGHTERY DR
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	CLARK, TRACY
Address	2159 ORANGE CENTER BLVD
City-State-Zip:	ORLANDO FL 32805

Title	EXECUTIVE SECRETARY
Name	RAMIREZ-JOHNSON , TOBY
Address	112 HARWOOD CIRCLE
City-State-Zip:	KISSIMMEE FL 34744

Title	DIRECTOR
Name	GARVEY, ELIZABETH
Address	4881 CYPRESS WOODS DRIVE UNIT 3213
City-State-Zip:	ORLANDO FL 32811

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: RENETTE GERVER CLARK**PRESIDENT****05/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date