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

**FILED**
**Apr 29, 2019**
**Secretary of State**
**4484902049CC**

DOCUMENT# N14000003502

**Entity Name:** JACKSONVILLE DREAM CENTER, INC

**Current Principal Place of Business:**

6561 FIRESTONE ROAD
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6561 FIRESTONE ROAD
JACKSONVILLE, FL 32244

**FEI Number: 47-2718913**

**Certificate of Status Desired:** No

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

TREVINO, GABRIEL
6561 FIRESTONE ROAD
JACKSONVILLE, FL 32244 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: GABRIEL TREVINO 04/29/2019

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | TREVINO, GABRIEL A |
| Address | 9245 SHARNBROOK LANE |
| City-State-Zip: | JACKSONVILLE FL 32244 |

*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: GABRIEL A. TREVINO PRESIDENT 04/29/2019

Electronic Signature of Signing Officer/Director Detail — Date