

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010311

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**6122432237CC**

**Entity Name:** D.R.E.A.M."DEVELOPING, REFRESHING, & EMPOWERING ALL MINDS" INC.

**Current Principal Place of Business:**

11126 S. US HWY 41  
#111  
GIBSONTON, FL 33534

**Current Mailing Address:**

11126 S. US HWY 41  
#111  
GIBSONTON, FL 33534 US

**FEI Number: 47-2288566**

**Certificate of Status Desired: No**

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

NETTLES, AARON D  
11126 S. US HWY 41  
#111  
GIBSONTON, FL 33534 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            PRESIDENT  
Name            NETTLES, AARON D  
Address        1335 PASADENA BLOOM LANE  
City-State-Zip: RUSKIN FL 33570

Title            TRUSTEE  
Name            SHEPHARD, DEYSHUAN K  
Address        128 W. BOYLES ST.  
City-State-Zip: JACKSON AL 36545

Title            SECRETARY  
Name            NETTLES, DE'ARON MALIK  
Address        128 W. BOYLES ST.  
City-State-Zip: JACKSON AL 36545

Title            VP  
Name            NETTLES, ANIAH DEMI  
Address        715 IVY BROOK WAY  
City-State-Zip: MACON GA 31210

*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: AARON D NETTLES**

**PRESIDENT**

**01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date