

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010311

Entity Name: D.R.E.A.M."DEVELOPING, REFRESHING, & EMPOWERING ALL MINDS" INC.**FILED**
Jan 19, 2021
Secretary of State
4193737217CC**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	SECRETARY
Name	NETTLES, DE'ARON MALIK
Address	128 W. BOYLES ST.
City-State-Zip:	JACKSON AL 36545

Title	TRUSTEE
Name	SHEPHARD, DEYSHUAN K
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 NETTLES**PRESIDENT****01/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date