

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

DOCUMENT# N15000004024

**FILED  
Mar 01, 2019  
Secretary of State  
1735465956CC**

**Entity Name:** DREAMERS VISION ACADEMY INC.

**Current Principal Place of Business:**

4449 LINCREST DRIVE S.  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

4449 LINCREST DRIVE S.  
JACKSONVILLE, FL 32208

**FEI Number:** 47-4028303

**Certificate of Status Desired:** No

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

BAKER-WILLIAMS, MRS. VIRGINIA  
4449 LINCREST DRIVE S.  
JACKSONVILLE, FL 32208 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:** BAKER-WILLIAMS , MRS. VIRGINIA

03/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P.  
Name BAKER-WILLIAMS, VIRGINIA DR.  
Address 4449 LINCREST DRIVE S.  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name WILLIAMS, JERROD A  
Address 4449 LINCREST DRIVE S.  
City-State-Zip: JACKSONVILLE FL 32208

Title S  
Name BAKER, SHELETTA DR.  
Address 8440 GULLEGE DR.  
City-State-Zip: JACKSONVILLE FL 32219

*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:** MRS. VIRGINIA BAKER-WILLIAMS

P

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date