

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004024

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-WILLIAM, 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title VP
Name BAKER, SHELETTA
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

DIRECTOR/OWNER

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date