

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004024

Entity Name: DREAMERS VISION ACADEMY INC.

Current Principal Place of Business:

IN CARE OF 1100 KINGS ROAD SUITE 2576
JACKSONVILLE, FL 32203-9998

Current Mailing Address:

IN CARE OF 1100 KINGS ROAD SUITE2576
JACKSONVILLE, FL 32203-9998 US

FEI Number: 47-4028303

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REVOKABLE LIVING PRIVATE TRUST
IN CARE OF 1100 KINGS ROAD SUITE2576
JACKSONVILLE, FL 00000 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: AUTHORIZED REPRESENTATIVE

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P.
Name BAKER-WILLIAMS, BY: DR. VIRGINIA LORETTA
Address IN CARE OF 1100 KINGS ROAD SUITE 2576
City-State-Zip: JACKSONVILLE FL 32203-9998

Title VP
Name WILLIAMS , BY: MR. JERROD ANTOINE-DENARD SR.
Address IN CARE OF 1100 KINGS ROAD SUITE2576
City-State-Zip: JACKSONVILLE FL 32203-9998

Title S
Name WILLIAMS, BY: VIRGINIA JALEN-LORETTA
Address IN CARE OF 1100 KINGS ROAD SUITE2576
City-State-Zip: JACKSONVILLE FL 32203-9998

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: BAKER-WILLIAMS, BY: DR. VIRGINIA-LORETTA: P

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date