

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N17000008077

**Entity Name:** RECONSTRUCTING DREAMS, INC.

**Current Principal Place of Business:**

1715 EAGLE HARBOR PARKWAY SUITE C  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1715 EAGLE HARBOR PARKWAY SUITE C  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 82-2427958

**Certificate of Status Desired:** No

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

DAVIS, JULIE ANNE  
1715 EAGLE HARBOR PARKWAY SUITE C  
FLEMING ISLAND, FL 32003 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 PSTD  
Name DAVIS, JULIE ANNE  
Address 1405 MANATEE COVE DR  
City-State-Zip: FLEMING ISLAND FL 32003

Title D  
Name WALLACE, WILLIAM  
Address 1405 MANATEE COVE DR  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** JULIE ANNE DAVIS

ED

10/09/2018

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

\_\_\_\_\_  
Date