

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009273

**Entity Name:** DREAM RELEASE, INC

**Current Principal Place of Business:**

8427 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8427 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244 US

**FEI Number: 84-2942220**

**Certificate of Status Desired: Yes**

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

PRATCHER, TOMITCHELL C  
8427 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244 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 P  
Name PRATCHER, TOMITCHELL C  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name PRATCHER, CHRISTOPHER A  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

Title OFFICER  
Name PRATCHER, TAI ALLEN  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

Title OFFICER  
Name LAWRENCE, RIAN CHANEL  
Address 8427 CANDLEWOOD COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32244

*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: TOMITCHELL PRATCHER**

**FOUNDER**

**02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date