

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000047

Entity Name: DREAM AGAIN MINISTRIES INC.**Current Principal Place of Business:**1580 SHERBROOK DR.
CLERMONT, FL 34711**Current Mailing Address:**1580 SHERBROOK DR.
CLERMONT, FL 34711**FEI Number: 42-1643248****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANZO, ISAAC J
4767 NEW BROAD STREET
ORLANDO, FL 32814 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	CP
Name	MANZO, PASCO A.
Address	1580 SHERBROOK DR.
City-State-Zip:	CLERMONT FL 34711

Title	VCVP
Name	MANZO, MARY ANN
Address	1580 SHERBROOK DR.
City-State-Zip:	CLERMONT FL 34711

Title	D
Name	SFAMENI, RICHARD
Address	5 CARRIAGE WAY
City-State-Zip:	NORTH PROVIDENCE RI 02904

Title	D
Name	FREEMAN, EDWARD
Address	46 E. KILLINGLY ROAD
City-State-Zip:	FOSTER RI 02825

Title	S
Name	STROTHOFF, JACQUI
Address	5 GROSVENOR AVENUE
City-State-Zip:	PAWTUCKET RI 02860

Title	T
Name	RICCI, ARTHUR III
Address	38 RED CEDAR LN.
City-State-Zip:	NORTH PROVIDENCE RI 02904

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: PASCO A. MANZO**PRESIDENT****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date