

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

04-12-2004 90286 018 ****61.25

DOCUMENT # F03000005831

1. Entity Name
AMERIDREAM REDEVELOPMENT, INC.



Principal Place of Business

**18310 MONTGOMERY VILLAGE AVE., 3RD FLOOR
GAITHERSBURG, MD 20879**

Mailing Address

**18310 MONTGOMERY VILLAGE AVE., 3RD FLOOR
GAITHERSBURG, MD 20879**

66418281



03312004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2145694

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAND, GREG S
C/O LEVEN, TANNENBAUR, ET AL
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ASHBURN, ANN
11658 WOODLEA
WAYNESBORO, PA 17268**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
NEWMAN, ROBERT
3735 17TH PLACE, N.E.
WASHINGTON, DC 20018**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PARKER-PEREZ, CAROL
4007 WINDWARD DRIVE
MAOUNT AIRY, MD 21771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
CARMODY, THOMAS H
8 SUMMIT AVENUE
HULL, MA 02045**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LITCHFIELD, MICHAEL A
3316 TUDOR COURT
ADAMSTOWN, MD 21710**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COTTON, THOMASENIA
1415 N. BROAD STREET
PHILADELPHIA, PA 191223323**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Parker CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

301 9875163
Daytime Phone #