

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90184 045 \*\*\*\*70.00

**DOCUMENT # F98000002819**

1. Entity Name  
**DARE TO DREAM FOUNDATION, INC.**



Principal Place of Business  
**3790 KINGS WAY  
BOCA RATON, FL 33434**

Mailing Address  
**3790 KINGS WAY  
BOCA RATON, FL 33434**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**22-3421616**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAFIR, GRACE  
3790 KINGS WAY  
BOCA RATON, FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SHAFIR, GRACE  
STREET ADDRESS 3790 KINGS WAY  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHAFIR, JEREANN  
STREET ADDRESS 3025 NE 190TH ST., APT 205  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHAFIR, GEORGEANNA  
STREET ADDRESS 1057 NORTH PARKSIDE DR., APT 125  
CITY-ST-ZIP TEMPE, AZ 85281

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16356 N THOMPSON PEAK PARKWAY, Apt 2087N  
CITY-ST-ZIP SCOTTSDALE, AZ 85260

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Grace Shafir*  
**GRACE SHAFIR**

*JANUARY 12, 2007*  
**JANUARY 12, 2007 561-883-9918**

Date

Daytime Phone #