

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002819

FILED
Apr 01, 2009
Secretary of State

Entity Name: DARE TO DREAM FOUNDATION, INC.

Current Principal Place of Business:

3790 KINGS WAY
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

3790 KINGS WAY
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 22-3421616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAFIR, GRACE
Address: 3790 KINGS WAY
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: SHAFIR, JEREANN
Address: 131 SOUTHEAST 7TH WAY
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: SHAFIR, GEORGEANNA
Address: 15600 FRANK LLOYD WRIGHT BLVD, APT 1126
City-St-Zip: SCOTTSDALE, AZ 85260 US

Title: D () Delete
Name: JULIEN, JOANNE
Address: 1601 NORTH OCEAN BOULEVARD
City-St-Zip: GULFSTREAM, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAFIR, GEORGEANNA
Address: ONE EAST LEXINGTON AVENUE, #510
City-St-Zip: PHOENIX, AZ 85012 US

Title: D (X) Change () Addition
Name: JULIEN, JOANNE DR.
Address: 1601 NORTH OCEAN BOULEVARD
City-St-Zip: GULFSTREAM, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GRACE SHAFIR

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date