

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001928

1. Corporation Name

4 DREAMS MINISTRIES, INC.

FILED

01 MAR 20 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. Box 6783
JACKSONVILLE, Florida
32236-6783

Mailing Address

P.O. Box 6783
JACKSONVILLE, Florida
32236-6783

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

MARCH 24, 2000

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATALIE M. KENNEDY
5126 QUAN DRIVE
JACKSONVILLE, Florida 32205

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE NATALIE M. Kennedy
Signature, typed or printed name of registered agent and title if applicable.

Natalie M. Kennedy
(NOTE: Registered Agent Signature required when reinstating)

3/5/01
DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME CAIANORA E. Wise No changes

STREET ADDRESS 5126 QUAN Drive

CITY-ST-ZIP JACKSONVILLE, Florida 32205

TITLE FOUNDER AND SECRETARY ☐ DELETE

NAME NATALIE M. Kennedy No changes

STREET ADDRESS 5126 QUAN Drive

CITY-ST-ZIP JACKSONVILLE, Florida 32205

TITLE DIRECTOR ☐ DELETE

NAME CAIANORA E. Wise

STREET ADDRESS 5126 QUAN Drive

CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE DIRECTOR ☐ DELETE

NAME NATALIE KENNEDY

STREET ADDRESS 5126 QUAN Drive

CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE DIRECTOR ☐ DELETE

NAME CLEOPATRA WISE

STREET ADDRESS 5126 QUAN Drive

CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 700003924517-3

1.3 STREET ADDRESS -03/28/01--01098--006

1.4 CITY-ST-ZIP *****61.25 *****61.25

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE M. Kennedy Natalie M. Kennedy 3/5/01 (904) 388 6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)