

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90032 028 ****70.00

DOCUMENT # N00000001928

1. Entity Name

4DREAMS MINISTRIES, INC.

Principal Place of Business

PO BOX 6783
JACKSONVILLE FL 32236-6783

Mailing Address

PO BOX 6783
JACKSONVILLE FL 32236-6783

2. Principal Place of Business

3. Mailing Address

P.O. Box 291134 P.O. Box 291134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip
33687

Country
USA

Zip
33687

Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, NATALIE M
5126 QUAN DR
JACKSONVILLE FL 32236-6783

7. Name and Address of New Registered Agent

Name

NATALIE KENNEDY

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

180001 RICHMOND PLACE

Apt # 1127

City

Tampa, Florida FL

Zip Code

33617

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.

SIGNATURE

Natalie Kennedy, registered agent

4/3/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WISE, CALANDRA E	
STREET ADDRESS	5126 QUAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, NATALIE	
STREET ADDRESS	5126 QUAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISE (CLEOPATHRA)	
STREET ADDRESS	5126 QUAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, NATALIE	
STREET ADDRESS	PO Box 291134	
CITY-ST-ZIP	TAMPA, FLORIDA 33687	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, CLEOPATHRA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Natalie Kennedy

Date

Daytime Phone #

4/3/02 813 7657917

CR2E037 (9/01)