

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 031 ****61.25

DOCUMENT # N00000001928

1. Entity Name

4DREAMS MINISTRIES, INC.



Principal Place of Business

PO BOX 291134
TAMPA FL 33687

Mailing Address

PO BOX 291134
TAMPA FL 33687

14000570



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

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

KENNEDY, NATALIE M

~~18001 RICHMOND PLACE DRIVE~~

~~APT 130~~

~~TAMPA FL 33647~~

change of physical address
15420 LIVINGSTON AVE
420
Lutz, Florida 33559

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D WISE, CALANDRA E ☐ Delete
PO BOX 46415
TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KENNEDY, NATALIE ☐ Delete
P.O. BOX 291134
TAMPA FL 33687

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D WISE, CLEOPATRA ☒ Delete
18001 RICHMOND PLACE DRIVE, #130
TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ROSLYN ALLEN ☐ Delete
PO BOX 510153
MIAMI, FLORIDA 33151-0153

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Deandra Green ☐ Delete
2182 Wilberforce Road
JACKSONVILLE, FLORIDA 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT OF BOARD ☐ Change ☐ Addition
ROSLYN ALLEN
PO BOX 510153
MIAMI, FLORIDA 33151-0153

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Deandra Green ☐ Change ☒ Addition
2182 Wilberforce Road
JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Ulysses Milledge ☐ Change ☒ Addition
5800 BARNES ROAD #123
JACKSONVILLE FLORIDA 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D TRACY DANNI MILLER ☐ Change ☒ Addition
1310 PERIWINKLE COURT
LAKELAND, FLORIDA 33811-1516

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

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

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:

Natalie Kennedy NATALIE KENNEDY

3/20/04

813 5412538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #