

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001928

Entity Name: 4DREAMS MINISTRIES, INC.

FILED  
Apr 16, 2005  
Secretary of State

## Current Principal Place of Business:

PO BOX 291134  
TAMPA, FL 33687

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 291134  
TAMPA, FL 33687

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KENNEDY, NATALIE M  
15420 LIVINGSTON AVE  
#420  
LUTZ, FL 33559 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: D ( ) Delete  
Name: WISE, CALANDRA E  
Address: PO BOX 46415  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: KENNEDY, NATALIE  
Address: P.O. BOX 291134  
City-St-Zip: TAMPA, FL 33687

Title: D ( ) Delete  
Name: GREEN, DEADRA  
Address: 2182 WILBERFORCE ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: MILLEDGE, ULYSSES  
Address: 5800 BARNES ROAD #123  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: DANNIMILLER, TRACY  
Address: 1310 PERIWINKLE COURT  
City-St-Zip: LAKELAND, FL 33811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALLEN, ROSLYN  
Address: PO BOX 510153  
City-St-Zip: MIAMI, FL 33151

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NATALIE KENNEDY

D

04/16/2005

Electronic Signature of Signing Officer or Director

Date