

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90189 032 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**KENNEDY, NATALIE M  
180001 RICHMOND PLACE DRIVE  
APT ~~112~~ 130  
TAMPA FL ~~33617~~ 33647**

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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WISE, CALANDRA E</b>	
STREET ADDRESS	<b>5126 QUAN DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, NATALIE</b>	
STREET ADDRESS	<b>P.O. BOX 291134</b>	
CITY-ST-ZIP	<b>TAMPA FL 33687</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WISE, CLEOPATRA</b>	
STREET ADDRESS	<b>5126 QUAN DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
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		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISE, CALANDRA E.</b>	
STREET ADDRESS	<b>P.O. Box <del>291134</del> 46415</b>	
CITY-ST-ZIP	<b>Tampa, FL 33647</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISE CLEOPATRA</b>	
STREET ADDRESS	<b>18001 RICHMOND PLACE DRIVE #130</b>	
CITY-ST-ZIP	<b>Tampa, FL 33647</b>	
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)(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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/23/03 813 6320417**

CR2E037 (10/02)