

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004053

FILED
Apr 29, 2008
Secretary of State

Entity Name: DREAM BUILDERS GREATNESS CENTER, INC.

Current Principal Place of Business:

601 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1911 CHOWKEEBIN NENE CT.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 31-1780370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDRELL, JUDITH R
1911 CHOWKEEBIN NENE CT.
TALLAHASSEE, FL 32301 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: MANDRELL, GERALD M
Address: 1911 CHOWKEEBIN NENE CT.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SHEPPARD, SHARON
Address: 8720 SALAMANCA CT.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HUNTER, HENRY C
Address: 1059 MYERS PARK DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: MANDRELL, JUDITH R
Address: 1911 CHOWKEEBIN NENE CT
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CARTER, JEFF
Address: 1812 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32313

Title: D () Delete
Name: COHEN, CAROLYN Y
Address: 1911 CHOWKEEBIN NENE CT.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 exemption stated in Chapter 119, 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: GERALD MANDRELL

D

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date