

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007112

FILED
May 05, 2004
Secretary of State**Entity Name:** CENTRAL FLORIDA DREAM CENTER, INC.**Current Principal Place of Business:**540 PECAN AVENUE
SANFORD, FL 32772**New Principal Place of Business:**540 PECAN AVENUE
SANFORD, FL 32771**Current Mailing Address:**PO BOX 1385
SANFORD, FL 327721385**New Mailing Address:**PO BOX 1385
SANFORD, FL 32772**FEI Number:** 74-3062326**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENJAMIN, PAUL SR.
540 PECAN AVENUE
SANFORD, FL 32771 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: DP () Delete
Name: BENJAMIN, PAUL
Address: 744 SUMMERLAND DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVT () Delete
Name: BERGLUND, CHRISTIAN
Address: 1137 TROTWOOD BLVD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: WOLFE, DICK
Address: 4268 TIDEWATER DRIVE
City-St-Zip: ORLADNO, FL 32812

Title: S (X) Delete
Name: HENDRICKER, KRISTEN
Address: 160 WILDWOOD DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: PESTER, MARK
Address: 933 BERESFORD WAY
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BENJAMIN, JACKIE
Address: 744 SUMMERLAND DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BENJAMIN, PAUL
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: DVP (X) Change () Addition
Name: FREDERICK, WILSON
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: TD (X) Change () Addition
Name: MELISSA, RIVERA
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

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

Title: D (X) Change () Addition
Name: PESTER, MARK
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: SD (X) Change () Addition
Name: BENJAMIN, JACKIE
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

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: PAUL BENJAMIN SR.

PRES

05/05/2004

Electronic Signature of Signing Officer or Director_____
Date