

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007112

FILED
Aug 01, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA DREAM CENTER, INC.

Current Principal Place of Business:

540 PECAN AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 1385
SANFORD, FL 32772

New Mailing Address:

FEI Number: 74-3062326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BENJAMIN, PAUL SR.
540 PECAN AVENUE
SANFORD, FL 32771 US

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: P () Delete
Name: BENJAMIN, PAUL SR. R
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: FREDERICK, WILSON
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: TAMMY, ABRAMSON
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: LUCIANO, FIDALGO
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: DS () Delete
Name: BENJAMIN, JACKIE
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WILSON, SANDRA
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

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
Name:
Address:
City-St-Zip:

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

Title: T (X) Change () Addition
Name: MARIETTA, AGLIETTI
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 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: PAUL BENJAMIN

P

08/01/2008

Electronic Signature of Signing Officer or Director

Date