

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007112

FILED
Sep 09, 2010
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 ()

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

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

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

Title: DS
Name: AL, HASLAM
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: DT
Name: ANDERSON, AL
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

Title: VP
Name: BARBOSA, ANTONIO
Address: 540 PECAN AVE
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: PAUL BENJAMIN

P

09/09/2010

Electronic Signature of Signing Officer or Director

Date