

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001123

FILED
Apr 07, 2006
Secretary of State

Entity Name: DREAMFINDER FARMS, INC.

Current Principal Place of Business:

6931 SW 58TH COURT
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6931 SW 58TH COURT
DAVIE, FL 33314

New Mailing Address:

FEI Number: 14-1903787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGG, MARC A ATTY.
4801 S. UNIVERSITY DRIVE
ATRIUM CENTRE
FT. LAUDERDALE, FL 33328 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 () Delete
Name: HALEY, PATRICIA A
Address: 6931 SW 58TH COURT
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: PENCE, MARY
Address: 7591 SW 39TH STREET
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: HALEY, BETTY J
Address: 914 NW 13TH AVE.
City-St-Zip: DANIA BCH, FL 33004

Title: CFO () Delete
Name: BROWN, ELIZABETH L
Address: 8730 ARROWHEAD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: TOMSEY, CANDICE S
Address: 4776 SW 72ND AVE.
City-St-Zip: DAVIE, FL 33314

Title: BM () Delete
Name: KRONK, MICHAEL A D.V.M.
Address: 6511 SW 45TH STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TOMSEY, CANDICE
Address: 4776 SW 72ND AVE.
City-St-Zip: DAVIE, FL 33314

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

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

Title: S (X) Change () Addition
Name: PENCE, MARY
Address: 7591 SW 39TH ST.
City-St-Zip: DAVIE, FL 33314

Title: BM (X) Change () Addition
Name: JOHNSON, CYNTHIA
Address: 39 MC 3046
City-St-Zip: YELLEVILLE, AR 72687

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA A. HALEY

P

04/07/2006

Electronic Signature of Signing Officer or Director

Date