

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008782

FILED  
Jan 29, 2007  
Secretary of State

**Entity Name:** DREAMS OF JOY FOUNDATION, INC.

**Current Principal Place of Business:**

7005 LONGLEAF CREEK DRIVE  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

7005 LONGLEAF CREEK DRIVE  
PENSACOLA, FL 32526

**New Mailing Address:**

**FEI Number:** 20-0706688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOCUM, JACK  
7005 LONGLEAF CREEK DRIVE  
PENSACOLA, FL 32526 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: PD ( ) Delete  
Name: SLOCUM, JACK  
Address: 7005 LONGLEAF CREEK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: VD ( ) Delete  
Name: SLOCUM, KAY  
Address: 7005 LONGLEAF CREEK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: SD (X) Delete  
Name: MOUSAW, GARY  
Address: 7005 LONGLEAF CREEK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: DT (X) Delete  
Name: FLORES, RAYMOND  
Address: 7005 LONGLEAF CREEK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

**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:

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: JACK SLOCUM

PD

01/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date