

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011649

1. Entity Name  
PENSACOLA DREAM ACHIEVERS, INC.



Principal Place of Business  
2091 WINNERS CIRCLE  
CANTONMENT, FL 32533

Mailing Address  
2091 WINNERS CIRCLE  
CANTONMENT, FL 32533

**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0298609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOODARD, WAYNE  
2091 WINNERS CIRCLE  
CANTONMENT, FL 32533

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOODARD, WAYNE 2091 WINNERS CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEVIN, FRED 612 S. BAYLEN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRONLEY, SHIRLEY 601 E. GOVERNMENT ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DARDEN, OLIVER ANDROMEDA DR PENSACOLA, FL 32520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000959569  
09/12/08-80002-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Woodard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08  
Date

(850) 968-3692  
Daytime Phone #