

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011649

FILED
May 14, 2009
Secretary of State

Entity Name: PENSACOLA DREAM ACHIEVERS, INC.

Current Principal Place of Business:

2091 WINNERS CIRCLE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2091 WINNERS CIRCLE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 30-0298609 **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:

WOODARD, WAYNE
2091 WINNERS CIRCLE
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

WOODARD, WAYNE C
2091 WINNERS CIRCLE
CANTONMENT, FL 32533 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: WAYNE WOODARD

05/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODARD, WAYNE
Address: 2091 WINNERS CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: V () Delete
Name: LEVIN, FRED
Address: 612 S. BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: T () Delete
Name: CRONLEY, SHIRLEY
Address: 601 E. GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32502

Title: CFO () Delete
Name: DARDEN, OLIVER
Address: ANDROMEDA DR
City-St-Zip: PENSACOLA, FL 32520

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 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: WAYNE WOODARD

P

05/14/2009

Electronic Signature of Signing Officer or Director

Date