

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004797

FILED
Apr 26, 2009
Secretary of State

Entity Name: THE ACADEMY OF DREAMS GROUP HOME, INC.

Current Principal Place of Business:

5654 CHIRPING WAY W.
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

1013 GEORGE AVENUE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 51-0637149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFORD, ALICE L
1013 GEORGE AVENUE
ROCKLEDGE, FL 32955 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: DO () Delete
Name: SANFORD, ALICE L
Address: 1013 GEORGE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: SANFORD, VIRETTA
Address: 1013 GEORGE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: STEWART, NANETTE
Address: 2153 REDWOOD CIRCLE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: ATCHISON, DAEDRA
Address: 1037 SWAN STREET
City-St-Zip: MELBOURNE, FL 32935

Title: T () Delete
Name: HUDSON, KEVIN
Address: 1138 GROVES DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: AT () Delete
Name: SONYA, MALLARD
Address: 1505 COUNTRY CLUB BLVD.
City-St-Zip: TITUSVILLE, FL 32780

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:

Title: T (X) Change () Addition
Name: JACKSON, DORCAS
Address: 623 BEECHWOOD STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: ALICE L. SANFORD

DO

04/26/2009

Electronic Signature of Signing Officer or Director

Date