2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N08000002559

Entity Name: THE FOUNDATION FOR DREAMS COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

121 EARNEST STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

121 EARNEST STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 26-2601328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, CHERAKA L
121 EARNEST STREET
QUINCY, FL 32351 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: D ( ) Delete
Name: THOMAS, CHERAKA L
Address: 121 EARNEST STREET
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: BARNES, LORRAINE
Address: 921 SIKES STREET
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: GRAHAM, LLOYD
Address: PO BOX 10686
City-St-Zip: TALLAHASSEE, FL 32302

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: THOMAS, CHERAKA L
Address: 121 EARNEST STREET
City-St-Zip: QUINCY, FL 32351 US

Title: D (X) Change ( ) Addition
Name: BARNES, LORRAINE
Address: 921 SIKES STREET
City-St-Zip: QUINCY, FL 32351 US

Title: D (X) Change ( ) Addition
Name: GRAHAM, LLOYD
Address: PO BOX 10686
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: D ( ) Change (X) Addition
Name: THOMAS, DOROTHY
Address: 586 SHILOH ROAD
City-St-Zip: QUINCY, FL 32351 US

Title: D ( ) Change (X) Addition
Name: SAILOR, JOHNNY
Address: 1228 BERRY STREET
City-St-Zip: QUINCY, FL 32351 US

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: CHERAKA L. THOMAS D 04/17/2009

Electronic Signature of Signing Officer or Director — Date