

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22819

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE POSSIBLE DREAM FOUNDATION, INC.

Current Principal Place of Business:

13915 SW 102 COURT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1317
HAYESVILLE, NC 28904

New Mailing Address:

FEI Number: 65-0023333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERALDI, MICHAEL DOCTOR.
11246 SW 137 AVE
MIAMI, FL 33186 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: GERALDI, CAMILLE MRS.
Address: 13915 S.W. 102 COURT
City-St-Zip: MIAMI, FL 33176

Title: VDST () Delete
Name: GERALDI, MICHAEL DOCTOR
Address: 13915 S.W. 102 COURT.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HAAS, JO-ANN MRS.
Address: 9213 SW 49TH PLACE
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: SANTAMARIA, LAURA ESQ.
Address: 8750 DORAL BLVD. SUITE 270
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: SNOW, LAURIE MRS.
Address: 117 DOCKSIDE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33327

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: () 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: CAMILLE GERALDI

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date