


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 045 ****61.25

DOCUMENT # N33288

1. Entity Name
DREAMS COME TRUE OF JACKSONVILLE, INC.



Principal Place of Business
**6803 SOUTHPOINT PKWY
 JACKSONVILLE, FL 32216**

Mailing Address
**6803 SOUTHPOINT PKWY
 JACKSONVILLE, FL 32216**

4017



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07022007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2967803

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~SILVERFIELD, LAINE S~~
**6803 SOUTHPOINT PKWY
 JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name **Crittenden, Suzanne G.**
 Street Address (P.O. Box Number is Not Acceptable)
6803 Southpoint Parkway
 City **Jacksonville** FL Zip Code **32216**

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 *Suzanne G. Crittenden* DATE **7-5-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **September 14, 2007**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CROUCH, ROBERT	
STREET ADDRESS	ONE INDEPENDENT DR 25TH FL	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILE, LARRY H MD	
STREET ADDRESS	8652 CATHEDRAL OAKS PLACE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY, JEFFREY H	
STREET ADDRESS	4345 SOUTHPOINT BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIXON, S. JEANNETTE	
STREET ADDRESS	50 NORTH LAURA ST, SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	ED	<input type="checkbox"/> Delete
NAME	CRITTENDEN, SUZANNE G	
STREET ADDRESS	6803 SOUTHPOINT PKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	C	<input type="checkbox"/> Delete
NAME	SILVERFIELD, LAINE S	
STREET ADDRESS	6803 SOUTHPOINT PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony, Jeffrey H.	
STREET ADDRESS	4345 Southpoint Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Robert E.	
STREET ADDRESS	10060 Skinner Lake Drive	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeLuca, David	
STREET ADDRESS	50N. Laura St., #3700	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Muldoon, Michael	
STREET ADDRESS	50N. Laura St., Ste. 3000	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Suzanne G. Crittenden* DATE: **(904) 296-3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #