

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33288

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** DREAMS COME TRUE OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

6803 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6803 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2967803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRUNE MATHIS, KAREN  
6803 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

KELLY, JAMES D  
6803 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216 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: JAMES D. KELLY

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: TUTOR, TYRA  
Address: 1 INDEPENDENT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P  
Name: CONN, JEFFREY  
Address: 6675 CORP. CENTER PKWY. #100  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S  
Name: DUNCAN, HEATHER  
Address: 10375 CENTURION PKWY N, #407  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T  
Name: BAER, DOUGLAS  
Address: 3599 UNIVERSITY BLVD S., STE. B  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ED  
Name: KELLY, JAMES D  
Address: 6803 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: JAMES D. KELLY

ED

01/06/2011

Electronic Signature of Signing Officer or Director

Date