

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33288

FILED
Jan 06, 2012
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:

KELLY, JAMES D
6803 SOUTHPOINT PKWY
JACKSONVILLE, FL 32216 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: P
Name: TUTOR, TYRA H
Address: 10151 DEERWOOD PK. BLVD. BLDG 200 STE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: S
Name: LONG, DAVID
Address: 2251 ROSSELLE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
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

01/06/2012

Electronic Signature of Signing Officer or Director

Date