

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 24 1996 8:00 am  
Secretary of State

DOCUMENT # N94000006151 (4)

1. Corporation Name

DREAM LAND CORPORATION

Principal Place of Business

1112 W MAIN ST  
APT J6  
LEESBURG FL 34748

Mailing Address

P.O. BOX 888  
FRUITLAND PARK FL 34731



3. Date Incorporated or Qualified  
12/16/1994

3a. Date of Last Report  
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3293633

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, JOSEPH T  
1112 W MAIN ST  
APT J6  
LEESBURG FL 34748

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME PRICE, JOSEPH T  
STREET ADDRESS P.O. BOX 491103 N/A  
CITY-ST-ZIP LEESBURG FL 34749-1103

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME RUSSELL, THOMAS W  
STREET ADDRESS 903 S 9 ST  
CITY-ST-ZIP LEESBURG FL 34748

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST  
NAME MITCHELL, CHARLES S  
STREET ADDRESS 8399 COUNTY RD 243  
CITY-ST-ZIP WILDWOOD FL 32785

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME OLIVEIRA, ANTONIO  
STREET ADDRESS 13301 SW 110 PL  
CITY-ST-ZIP DUNNELLON FL 32630

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME MC DEVITT, JOHN  
STREET ADDRESS 1705 E SCHWARTZ BLVD  
CITY-ST-ZIP LADY LAKE FL 32519

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME GRIFFIS, JOHN W  
STREET ADDRESS 149 TERA DR  
CITY-ST-ZIP TAVARES FL 32778

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH T. PRICE

4/14/96

352-787-0652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)