

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003655 (6)

1. Corporation Name

DENNIS' DREAM MINISTRIES, INC.

Principal Place of Business

514 NORTHWOOD ROAD
WEST PALM BEACH FL 33407

Mailing Address

DENNIS SORTIN
1809 NO. FLAGLER DRIVE #F3
WEST PALM BEACH FL 33407



2. Principal Place of Business

21 1630 Embassy Dr #306

Suite, Apt. #, etc.

22 West Palm Beach

City & State

23 Florida

Zip

24 33401

Country

25 Palm Beach

Zip

26 33401

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FEI Number

65-0601238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

SORTIN, DENNIS D
1809 NORTH FLAGLER DRIVE
UNIT F-3
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME SORTIN, DENNIS D
STREET ADDRESS 1809 NORTH FLAGLER DRIVE #F3
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ DELETE

NAME BANKS, MARK L
STREET ADDRESS 1809 NORTH FLAGLER DRIVE #F3
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☒ DELETE

NAME UGARTE, MARTA
STREET ADDRESS 1809 NORTH FLAGLER DRIVE #F3
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☒ DELETE

NAME MINZER, KATHRYN
STREET ADDRESS 5182 EDGECLIFF AVENUE
CITY-ST-ZIP LAKEWORTH FL 33463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001895816
-07/17/96--01011--016
***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 (407) 832-8235

Date

Daytime Phone #

CR2E037 (3/96)