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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003655 (6)**

1. Corporation Name

DENNIS' DREAM MINISTRIES, INC.



Principal Place of Business 1630 EMBASSY ROAD, #306 WEST PALM BEACH FL 33401	Mailing Address C/O DENNIS SORTIN 1809 NO. FLAGLER DRIVE #F3 WEST PALM BEACH FL 33407
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3. Date Incorporated or Qualified 07/31/1995
4. FEI Number 65-0601238
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 5028 Pinebreeze Ct	2a. Mailing Address 26 P.O. Box 8725
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 West Palm Beach	City & State 27 West Palm Beach
Zip 24 33415	Country 25 Palm Beach
Country 28 West Palm Beach	Zip 29 33407
Country 30 Palm Beach	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Kellenberger, Michael
82 Street Address (P.O. Box Number is Not Acceptable) 5028 Pinebreeze Ct
83
84 City West Palm Beach FL
85 Zip Code 33415

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 Michael Kellenberger **President - Michael Kellenberger** 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P/D	
NAME	SORTIN, DENNIS D	
STREET ADDRESS	1809 NORTH FLAGLER DRIVE #F3	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	V/D	
NAME	BANKS, MARY L	
STREET ADDRESS	1630 EMBASSY ROAD, #306	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S/D	
NAME	KELLENBERGER, MICHAEL	
STREET ADDRESS	1630 EMBASSY ROAD, #306	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T/D	
NAME	ROCKEY, LEE	
STREET ADDRESS	6230 17TH DR. S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	P/D	
1.2 NAME	Kellenberger, Michael	
1.3 STREET ADDRESS	5028 Pinebreeze Ct	
1.4 CITY-ST-ZIP	West Palm Beach FL 33415	
2.1 TITLE	V/D	
2.2 NAME	Kellenberger, Mary L.	
2.3 STREET ADDRESS	5028 Pinebreeze Ct	
2.4 CITY-ST-ZIP	West Palm Beach FL 33415	
3.1 TITLE	S/D	
3.2 NAME	Kenneth Versichely	
3.3 STREET ADDRESS	5335 N military trail ste 41	
3.4 CITY-ST-ZIP	West Palm Beach FL 33407	
4.1 TITLE	T/D	
4.2 NAME	Rockey, Lee	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Kellenberger **Michael Kellenberger** 4/30/98 (661) 832-8235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041218

CR2E037 (10/97)