

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000006624**

1. Entity Name  
**DREAM CHANGE, INC.**



Principal Place of Business  
**12045 EDGEWATER DR.  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**PO BOX 31357  
WEST PALM BEACH, FL 33420**

**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0729702**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PERKINS, JOHN M  
12045 EDGEWATER DR.  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PERKINS, JOHN M  
12045 EDGEWATER DR.  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VC  
MASON-MERRILL, SHARON  
3739 ALCOTT AVE  
WEST BLOOMFIELD, MI 48324**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**COB  
SOUTHARD, ROBERT Y  
PO BOX 135070 OAK ST  
DUXBURY, MA 02331**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000114680  
04/15/04-80060-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*John Perkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/04 561-622-6064**  
Date Daytime Phone