

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

0010628

**DOCUMENT # N96000006624**

1. Entity Name

**DREAM CHANGE, INC.**



Principal Place of Business

**12045 EDGEWATER DR.  
PALM BEACH GARDENS FL 33410**

Mailing Address

**12045 EDGEWATER DR.  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 31357**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Beach Gardens FL**

Zip

Country

Zip

Country

**33410**

**USA**

4. FEI Number **65-0729702**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERKINS, JOHN M</b>	
STREET ADDRESS	<b>12045 EDGEWATER DR.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHRISTIAN, DEBORAH</b>	
STREET ADDRESS	<b>726 SANCTUARY COVE DR</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EVE, BRUCE</b>	
STREET ADDRESS	<b>4 PINE SPG LN</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Chairman of the Board</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Y. Southard</b>	
STREET ADDRESS	<b>P.O. Box 1350/70 Oak St.</b>	
CITY-ST-ZIP	<b>Duxbury, MA 02331</b>	
TITLE	<b>Vice Chairperson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sharon Mason-Merrill</b>	
STREET ADDRESS	<b>3739 Alcott Ave</b>	
CITY-ST-ZIP	<b>West Bloomfield, MI 48324</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)