

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90062 005 ****61.25

0076347

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000002405

1. Corporation Name
DREAM-A-WISH, INC.

Principal Place of Business 5277 S RIDGEWOOD AVE LOT 13 ALLANDALE FL 32127	Mailing Address P O BOX 238346 ALLANDALE FL 32123
---	---



2. Principal Place of Business 21 2090 S.Nova Rd Suite, Apt. #. etc. 22 Bdlg..AA12 City & State 23 South Daytona Fl. 32119 Zip Country 24	2a. Mailing Address 26 Dream-A-Wish Foundation 27 Bdlg..AA12 2090 S.Nova Rd. South Daytona Fl. 32119 Zip Country 29	3. Date Incorporated or Qualified 04/28/1997	4. FEI Number 59-3436624 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KEISER, WOODROW W 5277 S RIDGEWOOD AVE LOT 13 ALLANDALE FL 32127	10. Name and Address of New Registered Agent 81 Name 82 Woodrow Keiser (Acceptable) 83 123 Fall Drive 84 Port Orange Fl. 32119 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Woodrow Keiser	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEISER, WOODROW W		1.2 NAME	123 Fall Drive	
STREET ADDRESS	5277 S RIDGEWOOD AVE LOT 13		1.3 STREET ADDRESS	Port Orange Fl. 32119	
CITY-ST-ZIP	ALLANDALE FL 32127		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Marlene Hansen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLICKENSTAFF, MICHAEL R		2.2 NAME	2535 Coarl Way E. <i>BOARD MEMBER</i>	
STREET ADDRESS	2281 EAST UNION CIRCEL		2.3 STREET ADDRESS	Daytona Beach Fl. 32118	<i>ACCOUNTING</i>
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Betty Goldkamp	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, BONNIE		3.2 NAME	62 PLEASANT DR.	<i>BOARD MEMBER</i>
STREET ADDRESS	909 BIG TREE RD		3.3 STREET ADDRESS	Ormond Beach, FL	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		3.4 CITY-ST-ZIP	32176	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	George Berzsenyi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT		4.2 NAME	54 Fall Drive	<i>BOARD MEMBER</i>
STREET ADDRESS	2545 S ATLANTIC AVE., #1408		4.3 STREET ADDRESS	Port Orange Fl. 32119	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Liz Ford	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, JUNE		5.2 NAME	5246 Ridgewood Ave.	<i>BOARD MEMBER</i>
STREET ADDRESS	2908 S. PENINSULA DR.		5.3 STREET ADDRESS	Ormond Beach Fl. 32174	<i>SEL</i>
CITY-ST-ZIP	DAYTONA BCH. SHORES FL 32118		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Patricia Keiser	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	123 Fall Drive	<i>BOARD MEMBER</i>
STREET ADDRESS			6.3 STREET ADDRESS	Port Orange Fl. 32119	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this annual report or supplemental annual report is true and accurate and that my signature, as a registered agent, 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTONA PHONE # _____

CR2E037 (11/98)