


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90076 036 ****61.25

DOCUMENT # N97000002405					
1. Entity Name DREAM-A-WISH, INC.					
Principal Place of Business 232 SAND PEBBLE CIRCLE PORT ORANGE FL 32129			Mailing Address 232 SAND PEBBLE CIRCLE PORT ORANGE FL 32129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3436624	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEISER, WOODROW 232 SAND PEBBLE CIRCLE PORT ORANGE FL 32129				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEISER, WOODROW		NAME	DONAHUE, TERRY	
STREET ADDRESS	232 SAND PEBBLE CIRCLE		STREET ADDRESS	505 SPARROW DR	
CITY-ST-ZIP	PORT ORANGE FL 32129		CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUISE, JOHN R		NAME	FOUND, GISELE	
STREET ADDRESS	15 SPRING DR		STREET ADDRESS	2037 Country club	
CITY-ST-ZIP	PORT ORANGE FL 32119		CITY-ST-ZIP	DAYTONA BEACH, FL 32125	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZZETTI, MARIO <i>DVP</i>		NAME		
STREET ADDRESS	129 SEA ISLE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSZHIEWICZ, BARBARA		NAME		
STREET ADDRESS	708 DOVE AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSER, PATRICIA <i>D</i>		NAME		
STREET ADDRESS	232 SAND PEBBLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32129		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGLE, WEB		NAME		
STREET ADDRESS	1281 PLANTATION PL.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32119		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: <i>Woodrow Kaiser</i>			Date: <i>1-26-04</i>		Daytime Phone #: <i>386-788-7072</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #