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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005839

1. Corporation Name

GIVE KIDS THE DREAM, INC.

Principal Place of Business

1112 N. BERMUDA AVENUE  
KISSIMMEE FL 34741

Mailing Address

1112 N. BERMUDA AVENUE  
KISSIMMEE FL 34741



2. Principal Place of Business

21 1112 N. JOHN YOUNG PKWY

2a. Mailing Address

26 1112 N. JOHN YOUNG PKWY

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 KISSIMMEE, FL

City & State

28 KISSIMMEE, FL 3

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip Country  
24 34741 25 U.S.A

Zip Country  
29 34741 30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HAYES, ROLBERT S ESQ.  
441 WEST VINE STREET  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRUNEAU, ROBERT SR.  
STREET ADDRESS 1112 N. BERMUDA AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE VPD  
NAME BRUNEAU, ROBERT JR.  
STREET ADDRESS 1112 N. BERMUDA AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE STD  
NAME BRUNEAU, BARBARA  
STREET ADDRESS 1112 N. BERMUDA AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME BRUNEAU, ROBERT SR.  
1.3 STREET ADDRESS 1112 N. JOHN YOUNG PKWY  
1.4 CITY-ST-ZIP KISSIMMEE, FL 34741 ☒ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME BRUNEAU, ROBERT JR.  
2.3 STREET ADDRESS 1112 N. JOHN YOUNG PKWY  
2.4 CITY-ST-ZIP KISSIMMEE, FL 34741 ☒ Change ☐ Addition

3.1 TITLE STD  
3.2 NAME BRUNEAU, BARBARA  
3.3 STREET ADDRESS 1112 N. JOHN YOUNG PKWY  
3.4 CITY-ST-ZIP KISSIMMEE, FL 34741 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED AGES

4/28/99

407-870-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)