

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002398

Entity Name: DREAM CENTER OF LAKE LAND, INC.**Current Principal Place of Business:**635 WEST 5TH STREET
LAKE LAND, FL 33805-4372**Current Mailing Address:**P O BOX 93522
LAKE LAND, FL 33804-3522 US**FEI Number:** 01-0686634**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCBRIDE, DAN A
1401 GRIFFIN ROAD
LAKE LAND, FL 33810 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MCBRIDE, DAN A
Address	2459 LAUREL GLEN DR.
City-State-Zip:	LAKE LAND FL 33803-5406

Title	D
Name	WALLACE, PAUL R
Address	4040 STAFFORDSHIRE DR.
City-State-Zip:	LAKE LAND FL 33809-4031

Title	D
Name	ROTH, CRAIG H
Address	6251 FORESTWOOD DRIVE E
City-State-Zip:	LAKE LAND FL 33811-2402

Title	STD
Name	ENGLISH, DOUGLAS W
Address	579 GRASSLANDS VILLAGE CIRCLE
City-State-Zip:	LAKE LAND FL 33803-5475

Title	CD
Name	BLACKBURN, M. WAYNE
Address	2209 MALACHITE DR.
City-State-Zip:	LAKE LAND FL 33810-8207

Title	D
Name	RUTHERFORD, THOMAS S
Address	916 WALT WILLIAMS ROAD
City-State-Zip:	LAKE LAND FL 33809-2358

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS W. ENGLISH**SECRETARY/TREASURER** 02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date