2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2024
Secretary of State
1817152178CC

DOCUMENT# N01000002398

Entity Name: DREAM CENTER OF LAKELAND, INC.

Current Principal Place of Business:

635 WEST 5TH STREET
LAKELAND, FL 33805-4372

Current Mailing Address:

P O BOX 93522
LAKELAND, FL 33804-3522 US

FEI Number: 01-0686634

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOJCIK, ANDY R
1401 GRIFFIN ROAD
LAKELAND, 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: ANDY WOJCIK 03/20/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

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

Title	TREASURER
Name	WOJCIK, ANDY
Address	1572 VILLAGE CENTER DR #104
City-State-Zip:	LAKELAND FL 33803

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: ANDY WOJCIK EXECUTIVE DIRECTOR OF OPERATIONS / CFO 03/20/2024

Electronic Signature of Signing Officer/Director Detail — Date