2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2021
Secretary of State
3853281809CC

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:

MCBRIDE, DAN A
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:

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

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

Title	D
Name	BALLARD, GARY
Address	5544 HILLSIDE LANDINGS ROAD
City-State-Zip:	LAKELAND FL 33801-3243

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

Title	D
Name	BOYD, JIM
Address	4113 W. ORLANDO ST.
City-State-Zip:	BROKEN ARROW OK 74011-1490

Title	D
Name	HARRISON, DENNIS
Address	4556 HANCOCK LAKE BLVD
City-State-Zip:	LAKELAND FL 33812-7706

Title	D
Name	BLACKBURN, TIMOTHY W
Address	5296 BLOOOMFIELD BLVD
City-State-Zip:	LAKELAND FL 33810-8221

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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 01/28/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	BUSHEY, JOYCE A
Address	P.O. BOX 91263
City-State-Zip:	LAKELAND FL 33804-1263

Title	D
Name	HUNT, CHUCK
Address	5830 SCOTT LAKE HILLS LANE
City-State-Zip:	LAKELAND FL 33813-3279

Title	D
Name	JOHNSON, SAMUEL K
Address	3108 HAWKS RIDGE DRIVE
City-State-Zip:	LAKELAND FL 33810-4007

Title	D
Name	JOHNSON, SHERRIE DR.
Address	P.O. BOX 7733
City-State-Zip:	LAKELAND FL 33807-7733

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

Title	D
Name	HALL, LEWIS
Address	P.O. BOX 941
City-State-Zip:	HIGHLAND CITY FL 33846-0941

Title	D
Name	INGLE, KENT DR.
Address	1926 HERITAGE ESTATES DRIVE
City-State-Zip:	LAKELAND FL 33803-5410

Title	D
Name	MCDANIEL, RUBEL
Address	2105 RAINBOWER DRIVE
City-State-Zip:	LAKELAND FL 33810-8214

Title	D
Name	RABURN, TERRY R
Address	P.O. BOX 24687
City-State-Zip:	LAKELAND FL 33802-4687

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