

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003502

**Entity Name:** JACKSONVILLE DREAM CENTER, INC

**Current Principal Place of Business:**

6561 FIRESTONE ROAD  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6561 FIRESTONE ROAD  
JACKSONVILLE, FL 32244

**FEI Number:** 47-2718913

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TREVINO, GABRIEL  
6561 FIRESTONE ROAD  
JACKSONVILLE, FL 32244 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 P  
Name TREVINO, GABRIEL A  
Address 8595 BERESFORD LANE  
City-State-Zip: JACKSONVILLE FL 32244

*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:** GABRIEL A. TREVINO

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date