

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739336

1. Entity Name

DAYSPRING CHRISTIAN MINISTRIES, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90018 042 ****61.25

Principal Place of Business

7169 CONANT AVE
PO BOX 7036
JACKSONVILLE FL 32210

Mailing Address

7169 CONANT AVE
PO BOX 7036
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1768964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YODER, ALLEN J.
950 CHAPMAN DR
JACKSONVILLE FL 32221

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YODER, ALLEN J.
STREET ADDRESS 950 CHAPMAN DR
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VD
NAME KOZLOSKI, MICHAEL
STREET ADDRESS 5627 COLUMBIA PL
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD
NAME YODER, CLARA
STREET ADDRESS 950 CHAPMAN DR
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE Y
NAME BALCAR, JEANEVA F.
STREET ADDRESS 10264 OLD PLANK RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME CILLIAC, VITAL
STREET ADDRESS 968 HIBERNIA FOREST DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P.D. S. CILLIAC, VITAL ALLEN J YODER 1/4/01 904-282-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001682

CR2E037 (10/00)