2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# N02000001302

Entity Name: CLOUD BY DAY MISSIONS INC.

Current Principal Place of Business:

96 LAKE OTIS RD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

96 LAKE OTIS RD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 45-0465865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNEN, CAROL
96 LAKE OTIS RD
WINTER HAVEN, FL 33884

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANNEN, CAROL
Address: 96 LAKE OTIS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: GIPSON, DENNIS
Address: 339 BANYON DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: BRADSHAW, DEBBIE
Address: 116 SANDBURG LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: BENTLEY, CATHY
Address: 2 SKIDMORE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: HOLTON, SHEILA
Address: 4810 ELAM RD.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL ANNEN D 07/06/2004
Electronic Signature of Signing Officer or Director — Date