

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001302

FILED  
Jan 27, 2009  
Secretary of State

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:

OSWALT, CAROL  
96 LAKE OTIS RD  
WINTER HAVEN, FL 33884 US

## 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: P ( ) Delete  
Name: OSWALT, 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: KLEPPER, ALICIA  
Address: 1210 TOMAHAWK CIRCLE  
City-St-Zip: CLEVELAND, TN 37312

Title: D ( ) Delete  
Name: OSWALT, B.J.  
Address: 96 LAKE OTIS RD.  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: GIPSON, DENNIS  
Address: 2920 DAYTON DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change ( ) Addition  
Name: BRADSHAW, DEBI  
Address: 116 SANDBURG LN  
City-St-Zip: WINTER HAVEN, FL 33884

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 exemption stated in Chapter 119, 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 OSWALT

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date