

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001302

**Entity Name:** CLOUD BY DAY MISSIONS INC.**Current Principal Place of Business:**96 LAKE OTIS RD  
WINTER HAVEN, FL 33884**Current Mailing Address:**96 LAKE OTIS RD  
WINTER HAVEN, FL 33884 US**FEI Number:** 45-0465865**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OSWALT, CAROL  
96 LAKE OTIS RD  
WINTER HAVEN, FL 33884 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	D
Name	OSWALT, CAROL
Address	96 LAKE OTIS RD.
City-State-Zip:	WINTER HAVEN FL 33884

Title	D
Name	OSWALT, BJ
Address	96 LAKE OTIS ROAD
City-State-Zip:	WINTER HAVEN FL 33884

Title	D
Name	OSWALT, RICHARD
Address	886 BUCCANEER BLVD
City-State-Zip:	WINTER HAVEN FL 33880

Title	D
Name	WILSON, CHARLES
Address	401 AVE. G. SE
City-State-Zip:	WINTER HAVEN FL 33880

Title	D
Name	ZELLNER, SCOTT
Address	8200 BOGGY CREEK ROAD SUITE 400
City-State-Zip:	ORLANDO FL 32824

*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:** CAROL OSWALT**DIRECTOR****01/13/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date