

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90129 041 ****61.25

DOCUMENT # 739336

1. Entity Name

DAYSPRING CHRISTIAN MINISTRIES, INC.

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

ALLEN J YODER

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

2462 VIOLA ST.

City

MIDDLEBURG

FL

Zip Code

32068

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **PD ALLEN J. YODER**
 STREET ADDRESS **2462 VIOLA ST.**
 CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

904-282-2045

CR2E037 (9/01)