


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 739336 1. Entity Name DAYSPRING CHRISTIAN MINISTRIES, INC.	
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Principal Place of Business 7169 CONANT AVE PO BOX 7036 JACKSONVILLE, FL 32210	Mailing Address 7169 CONANT AVE PO BOX 7036 JACKSONVILLE, FL 32210
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06182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1768964	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YODER, ALLEN J. 2462 VIOLA STREET MIDDLEBURG, FL 32068
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

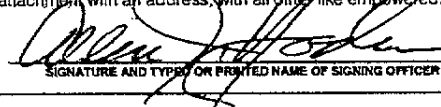
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN00000164586
07/08/04 00011 021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YODER, ALLEN J. 2462 VIOLA STREET MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOZLOSKI, MICHAEL 5627 COLUMBIA PL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YODER, CLARA 950 CHAPMAN DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALCAR, JEANEVA F. 10264 OLD PLANK RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CILLIAC, VITAL 968 HIBERNIA FOREST DR GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Allen J. Yoder** **6-18-04** **904-786-6825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #