

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90050 011 \*\*\*\*61.25

<b>DOCUMENT # 739336</b>					
<b>1. Entity Name</b> DAYSPRING CHRISTIAN MINISTRIES, INC.					
<b>Principal Place of Business</b> 7169 CONANT AVE PO BOX 7036 JACKSONVILLE, FL 32210			<b>Mailing Address</b> 7169 CONANT AVE PO BOX 7036 JACKSONVILLE, FL 32210		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1768964	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  YODER, ALLEN J. 2462 VIOLA STREET MIDDLEBURG, FL 32068			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> YODER, ALLEN J.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2462 VIOLA STREET	<b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<b>NAME</b> KOZLOSKI, MICHAEL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5627 COLUMBIA PL	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<b>NAME</b> YODER, CLARA	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 950 CHAPMAN DR	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL		<b>STREET ADDRESS</b> 2462 Viola St.	<b>CITY-ST-ZIP</b> Middleburg, FL 32068	
<b>TITLE</b> T	<b>NAME</b> BALCAR, JEANEVA F.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10264 OLD PLANK RD	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> CILLIAC, VITAL	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 968 HIBERNIA FOREST DR	<b>CITY-ST-ZIP</b> GREEN COVE SPRINGS, FL 32043		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>STREET ADDRESS</b>		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b>			Jan. 30, 2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

904-282-2045