## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2008 8:00 am **DOCUMENT # 752187 Secretary of State** 1. Entity Name 03-27-2008 90029 032 \*\*\*\*61.25 DAYSPRING MISSIONARY BAPTIST CHURCH. INC. Principal Place of Business Mailing Address 849 HECONIRESS AVE. LAKE CITY FL 32056 DAYSPRING BAPTIST CHURCH LAKE CITY FL 32055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2401 PD 849 n Elongrena Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City& State Applied For @ity & State 4. FEI Number ake C 59-2440190 Lake C Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32056 Colum Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, GLADYS Street Address (P.O. Box Number is Not Acceptable) 859 NE CONGRESS AVE LAKE CITY FL 32055 Zip Code FL 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 Me I applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TATLE ☐ Delete TITLE Change Addition GEORGE, ELVIRA NAME NAME 844 NW LAKE JEFFERY ROAD STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CFTY-ST-7IP CITY-ST-ZIP PD Delete TiTLE TITLE ☐ Change noitibbA 🔲 LEWIS, AARON MAME NAME 859 NE CONGRESS AVE STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete\_ HOLTON, JUANITA NAME RT 7 BOX 634-A STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE Change Addition MOULTRIE, MARTTA NAME NAME 818 MONTANA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32055 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition GEORGE, BERNARD 844 NW LAKE JEFFREY RD STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CHY-ST-ZIP ☐ Delete DILE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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: £/VINT GEOFFE Many 19/0P 752-7054

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information