


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 045 ****70.00

DOCUMENT # F96000002956

1. Entity Name
DAWN MINISTRIES INCORPORATED



Principal Place of Business
 5775 N UNION BLVD
 COLORADO SPRINGS, CO 80918 US

Mailing Address
 5775 N UNION BLVD
 COLORADO SPRINGS, CO 80918 US

2. Principal Place of Business
5775 N UNION BLVD


3. Mailing Address
5775 N UNION BLVD

Suite, Apt. #, etc.

City & State
COLORADO SPRINGS, CO

City & State
COLORADO SPRINGS, CO

Zip **80918** Country **US**



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number
77-0051490

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SALCEDO, BERNARDO REV.
9234 RIDGE PINE TRAIL
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Bernardo Salcedo* **BERNARDO SALCEDO, VICE-PRESIDENT** **APRIL 18, 2005**

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 **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete NAME HUNTER, JOHN STREET ADDRESS 2760 FOUNTAIN OAKS DR. CITY-ST-ZIP MORGAN HILL, CA 95037	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME NGWIZA MNKANDLA STREET ADDRESS 1665 S. KIRKMAN RD. #151 CITY-ST-ZIP ORLANDO, FLORIDA 32811
TITLE D	<input type="checkbox"/> Delete NAME SAWKINS, DAVE REV STREET ADDRESS 590 SHAWNEE LANE CITY-ST-ZIP SAN JOSE, CA 95123	TITLE VICE-PRESIDENT, MINISTRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BERNARDO SALCEDO STREET ADDRESS 9234 RIDGE PINE TRAIL CITY-ST-ZIP ORLANDO, FL 32819
TITLE SD	<input type="checkbox"/> Delete NAME MCSWEENEY, MIKE STREET ADDRESS 14985 BOWDEN AVE. CITY-ST-ZIP MORGAN HILL, CA 95037	TITLE VICE-PRESIDENT, LEADERSHIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME AGUSTIN B VENCER JR STREET ADDRESS 6465 BARREL RACE DR CITY-ST-ZIP COLORADO SPRINGS, CO 80918
TITLE TD	<input checked="" type="checkbox"/> Delete NAME STEELE, STEPHEN D. STREET ADDRESS 9010 TUSCANY CITY-ST-ZIP COLORADO SPRINGS, CO 80920	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD	<input checked="" type="checkbox"/> Delete NAME MONTGOMERY, JAMES DR. STREET ADDRESS 5630 OLD FARM TERRACE CITY-ST-ZIP COLORADO SPRINGS, CO 80917	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME HAGAR, W. JACK STREET ADDRESS 7430 WINDING OAKS DRIVE CITY-ST-ZIP COLORADO SPRINGS, CO 80919	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ngwiza Mnkandla* **PRESIDENT, NGWIZA MNKANDLA** **4-18-05** **719-216-3150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #