

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# F96000002956

Entity Name: DAWN MINISTRIES INCORPORATED

Current Principal Place of Business:

5979 VINELAND ROAD
SUITE 301
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690787
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 77-0051490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MNKANDLA, NGWIZA REV.
8848 PALISADES BEACH AVE.
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUNTER, JOHN
Address: 2455 MAGNOLIA WAY
City-St-Zip: MORGAN HILL, CA 95037

Title: D () Delete
Name: SAWKINS, DAVE REV
Address: 590 SHAWNEE LANE
City-St-Zip: SAN JOSE, CA 95123

Title: SD () Delete
Name: MCSWEENEY, MIKE
Address: 14985 BOWDEN AVE.
City-St-Zip: MORGAN HILL, CA 95037

Title: P () Delete
Name: MNKANDLA, NGWIZA
Address: 8848 PALISADES BEACH AVE
City-St-Zip: ORLANDO, FL 32829

Title: VP () Delete
Name: SALCEDO, BERNARDO
Address: 9234 RIDGE PINE TRAIL
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: HAGAR, W. JACK
Address: 7430 WINDING OAKS DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NGWIZA MNKANDLA

PRES

03/14/2008

Electronic Signature of Signing Officer or Director

Date