


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 002 ****70.00

DOCUMENT # N01000001344	
1. Entity Name DAYSPRING COMMUNITY CHURCH OF ORLANDO, INC.	

Principal Place of Business PO BOX 681057 ORLANDO FL 32868-1057	Mailing Address PO BOX 681057 ORLANDO FL 32868-1057
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2. Principal Place of Business - No P.O. Box # 2434 Old Dixie Hwy	3. Mailing Address 2434 Old Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Apopka, FL	City & State Apopka, FL	4. FEI Number 32-0032504	Applied For <input type="checkbox"/> Not Applicable
Zip 32712	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JETER, MARK 8698 HILLSIDE DR ORLANDO FL 32810	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLLOCK, SCOTT 5407 BRITAN DRIVE ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, CHUCK PO BOX 681057 ORLANDO FL 32868-1057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIBLEY, SAM P.O. BOX 681057 ORLANDO FL 32868-1057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODHALL, THOMAS PO BOX 681057 ORLANDO FL 32868-1057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWDER, RAYMOND PO BOX 681057 ORLANDO FL 32868-1057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, OSCAR P.O. BOX 681057 ORLANDO FL 32868-1057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mark Jeter 4/1/2007 (321) 948-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #