


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001302
 1. Entity Name
CLOUD BY DAY MISSIONS INC.



Principal Place of Business: **96 LAKE OTIS RD WINTER HAVEN FL 33884**
 Mailing Address: **96 LAKE OTIS RD WINTER HAVEN FL 33884**

2. Principal Place of Business: Suite, Apt #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt #, etc., City & State, Zip, Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **45-0465865** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANNEN, CAROL
96 LAKE OTIS RD
WINTER HAVEN FL 33884

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: 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

TITLE	D <input type="checkbox"/> Delete
NAME	ANNEN, CAROL
STREET ADDRESS	96 LAKE OTIS RD
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete
NAME	GIPSON, DENNIS
STREET ADDRESS	339 BANYON DR
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete
NAME	BRADSHAW, DEBBIE
STREET ADDRESS	116 SANDBURG LN
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete
NAME	BENTLEY, CATHY
STREET ADDRESS	2 SKIDMORE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete
NAME	HOLTON, SHEILA
STREET ADDRESS	4810 ELAM RD.
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000305299
CITY-ST-ZIP	04/14/05-80078-004 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Carol Annen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____