

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90208 034 ****61.25

DOCUMENT # N02000002407

1. Entity Name

DAYSPRING COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

**5464 DUNN AVENUE
JACKSONVILLE FL 32299**

Mailing Address

**5464 DUNN AVENUE
JACKSONVILLE FL 32299**

2. Principal Place of Business

5654 Dunn Avenue

3. Mailing Address

5654 Dunn Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32218

Country

Duval

Zip

32218

Country

Duval

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAPSON, CHARLES E

5464 DUNN AVENUE 5654 Dunn Avenue

JACKSONVILLE FL 32299 Jacksonville, FL 32218

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director; President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Javis, Moses	
STREET ADDRESS	3346 Loretto Road	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rumlin, Isaiah	
STREET ADDRESS	3713 Windoor Drive	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weston, Bennie J.	
STREET ADDRESS	3103 Montcalm Drive	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bullock, Judy Y.	
STREET ADDRESS	3830 Millpoint Drive	
CITY-ST-ZIP	Jacksonville, FL 32257	
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 *Bennie J. Weston*

4/14/23 9047689687

CR2E037 (10/02)