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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:34

DOCUMENT # N03031 (4)

1. Corporation Name
DAYSPRING MINISTRIES, INC.

Principal Place of Business	Mailing Address
C/O JAMES OLSEN 8686 SE ALABAMA PLACE HOBE SOUND FL 33455	C/O JAMES OLSEN 8686 SE ALABAMA PLACE HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1984
3a. Date of Last Report: 08/05/1994
4. FEI Number: 59-2412008 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Rex Bullock	26 c/o Rex Bullock
Suite, Apt. #, etc. 22 16229 W. 131ST TER.	Suite, Apt. #, etc. 27 16229 W. 131ST TER.
City & State 23 OLATHE, KS	City & State 28 OLATHE, KS
Zip / Country 24 66062 / 25	Zip / Country 29 66062 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSEN, JAMES 8686 SE ALABAMA PLACE HOBE SOUND FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BULLOCK, REX	12 NAME	
STREET ADDRESS	16229 W 131ST TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	OLATHE KS	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORGAN, MIKE	22 NAME	
STREET ADDRESS	R.R.1, 2600 PARK RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CONNORSVILLE IN	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARK	32 NAME	
STREET ADDRESS	10979 BRADSHAW ST	33 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~OLSEN, JAMES~~	42 NAME	
STREET ADDRESS	~~8686 SE ALABAMA PL~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~HOBE SOUND FL~~	44 CITY-ST-ZIP	
TITLE	DC	51 TITLE	☐ Change ☐ Addition
NAME	ULRICH, RUSSELL	52 NAME	
STREET ADDRESS	932 MAPLE LANE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE AL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rex A Bullock May 24, 1995 780-6202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000078