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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N03031

(4)

1. Corporation Name

DAYSRING MINISTRIES, INC.



Principal Place of Business

Mailing Address

C/O REX BULLOCK  
16229 W. 131ST TERRACE  
OLATHE KS 66062  
US

C/O REX BULLOCK  
16219 W. 131ST TERRACE  
OLATHE KS 66062  
US

3. Date Incorporated or Qualified  
05/11/1984

3a. Date of Last Report  
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BULLOCK, REX  
STREET ADDRESS 16229 W 131ST TERRACE  
CITY - ST - ZIP OLATHE KS

☐ DELETE

TITLE D  
NAME MORGAN, MIKE  
STREET ADDRESS R.R.1, 2600 PARK RD.  
CITY - ST - ZIP CONNORSVILLE IN

☐ DELETE

TITLE DV  
NAME MILLER, MARK  
STREET ADDRESS 10979 BRADSHAW ST  
CITY - ST - ZIP OVERLAND PARK KS

☐ DELETE

TITLE D  
NAME OLSEN, JAMES  
STREET ADDRESS 8686 SE ALABAMA PL  
CITY - ST - ZIP HOBE SOUND FL

☐ DELETE

TITLE DC  
NAME ULRICH, RUSSELL  
STREET ADDRESS 932 MAPLE LANE  
CITY - ST - ZIP JACKSONVILLE AL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)