

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90144 043 ****61.25

DOCUMENT # N03031

1. Corporation Name

DAYSRING MINISTRIES, INC.

Principal Place of Business

C/O REX BULLOCK
10702 NE 117
VANCOUVER WA 98662
US

Mailing Address

C/O REX BULLOCK
P.O. BOX 3955
VANCOUVER WA 98662
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/11/1984

4. FEI Number

59-2412008

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OLSEN, JAMES
8686 SE ALABAMA PLACE
HOBE SOUND FL

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **D BULLOCK, REX**
STREET ADDRESS **2116 N.W. 29 CIR**
CITY-ST-ZIP **CAMA WA 98607**

TITLE ☐ DELETE
NAME **D MORGAN, MIKE**
STREET ADDRESS **171 COURTNEY**
CITY-ST-ZIP **CONNORSVILLE IN 47331**

TITLE ☐ DELETE
NAME **DV MILLER, MARK**
STREET ADDRESS **4273 W. CO RD 300 N**
CITY-ST-ZIP **CONNERSVILLE IN**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DV Miller, Mark**
3.3 STREET ADDRESS **625 Teeton Road**
3.4 CITY-ST-ZIP **Hagerstown IN 47346**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DC Ulrich, Russell**
5.3 STREET ADDRESS **345 Maple Lane**
5.4 CITY-ST-ZIP **Jacksonville AL 36265**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 360-891-6937

Date

Daytime Phone #

CR2E037 (11/98)