

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03031

1. Entity Name

DAYSPRING MINISTRIES, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90157 001 \*\*\*\*\*8.75

05-23-2000 90157 002 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O REX BULLOCK

~~10702 NE 417~~ **2116 NW 29th Circle**  
~~VANCOUVER WA 98662~~ **Camas WA**  
**98607**  
**US**

C/O REX BULLOCK

~~P.O. BOX 3055~~ **56300**  
~~VANCOUVER WA 98662-0955~~ **Portland OR**  
**97238**  
**US**

2. Principal Place of Business

**2116 NW 29th Circle**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 56300**

Suite, Apt. #, etc.

City & State

**Camas WA**

City & State

**Portland OR**

Zip

**98607**

Country

**USA**

Zip

**97238**

Country

**USA**

4. FEI Number

**59-2412008**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSEN, JAMES**  
**8686 SE ALABAMA PLACE**  
**HOBE SOUND FL**

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DV MILLER, MARK**  
STREET ADDRESS **625 TEETOR RD**  
CITY-ST-ZIP **HAGERSTOWN IN 47346**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DC ULRICH, RUSSELL**  
STREET ADDRESS **845 MAPLE LANE**  
CITY-ST-ZIP **JACKSONVILLE AL 36265**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-2000 360-833-0124**

Date

Daytime Phone #

CR2E037 (9/99)