2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N03031

Entity Name: DAYSPRING MINISTRIES, INC.

Current Principal Place of Business:

6745 38TH AVE N.
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 40115
SAINT PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 59-2412008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSEN, JAMES
8036 SE DOUBLE TREE DRIVE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BULLOCK, REX,
Address: 1718 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: DV ( ) Delete
Name: MILLER, MARK
Address: 7570 N. JACKSONBURG ROAD
City-St-Zip: HAGERSTOWN, IN 47346 US

Title: D ( ) Delete
Name: OLSEN, JAMES,
Address: 8036 SE DOUBLE TREE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: DC ( ) Delete
Name: ULRICH, RUSSELL,
Address: 845 MAPLE LANE
City-St-Zip: JACKSONVILLE, AL 36265

Title: D ( ) Delete
Name: KUHNS, LEONARD
Address: RD 1 37 K
City-St-Zip: MOUNT PLEASANT MILLS, PA 17853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BULLOCK, REX
Address: 1718 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX BULLOCK D 04/06/2005

Electronic Signature of Signing Officer or Director — Date