

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 042 ****61.25

DOCUMENT # N03031

1. Entity Name
DAYSPRING MINISTRIES, INC.



Principal Place of Business
**6745 38TH AVE N.
SAINT PETERSBURG, FL 33710 US**

Mailing Address
**P O BOX 40115
SAINT PETERSBURG, FL 33743 US**

400500



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2412008

Applied For
☒ Not Applied

Zip

Country

Zip

Country

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
8036 SE DOUBLE TREE DRIVE
HOBE SOUND, FL 33455**

Name **LaWanda Bullock**

Street Address (P.O. Box Number is Not Acceptable)
1718 Split Fork Drive

City **Oldsmar**

FL Zip Code **34677**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LaWanda Bullock, Exec. Director

3-22-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BULLOCK, REX**
STREET ADDRESS **1718 SPLIT FORK DRIVE**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **P** ☒ Change ☐ Add

TITLE **DV** ☐ Delete
NAME **MILLER, MARK**
STREET ADDRESS **7570 N. JACKSONBURG ROAD**
CITY-ST-ZIP **HAGERSTOWN, IN 47346**

TITLE ☒ Change ☐ Add
NAME **4435 E U.S. Hwy 52**
STREET ADDRESS **Rushville IN 46173**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **OLSEN, JAMES**
STREET ADDRESS **8036 SE DOUBLE TREE DR.**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **D** ☐ Change ☒ Add
NAME **Don Gessner**
STREET ADDRESS **1299 Brockway Drive**
CITY-ST-ZIP **Avon IN 46123**

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

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

TITLE **D** ☐ Delete
NAME **KUHNS, LEONARD**
STREET ADDRESS **RD 137 K**
CITY-ST-ZIP **MOUNT PLEASANT MILLS, PA 17853**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☐ Change ☒ Add
NAME **LaWanda Bullock**
STREET ADDRESS **1718 Split Fork Drive**
CITY-ST-ZIP **Oldsmar, FL 34677**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registered agent empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, as changed, or on an attached sheet, with a signature empowered.

SIGNATURE

LaWanda Bullock

LaWanda Bullock

3-22-06

727-343-7747