2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03031

Entity Name: DAYSPRING MINISTRIES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6745 38TH AVE N. 1718 SPLIT FORK DRIVE SAINT PETERSBURG, FL 33710 US OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

P O BOX 40115

SAINT PETERSBURG, FL 33743 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BULLOCK, LAWANDA 1718 SPLIT FORK DR OLDSMAR, FL 34677 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

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

Title: DV Title: (X) Change () Addition () Delete MILLER, MARK Name: MILLER, MARK Name: Address: 4435 EAST US HWY 52 Address: 4435 EAST US HWY 52

City-St-Zip: RUSHVILLE, IN 46173 US City-St-Zip: RUSHVILLE, IN 46173 US

Title: () Delete Title: (X) Change () Addition GESSNER, DAN GESSNER, DON Name: Name:

Address: 1299 BROCKWAY DR Address: 1299 BROCKWAY DR City-St-Zip: AVON, IN 46123 City-St-Zip: AVON, IN 46123

Title: DC () Delete Title: DC (X) Change () Addition

Name: ULRICH, RUSSELL, Name: ULRICH, RUSSELL 845 MAPLE LANE Address: 845 MAPLE LANE Address: City-St-Zip: JACKSONVILLE, AL 36265 City-St-Zip: JACKSONVILLE, AL 36265

Title: () Delete Title: (X) Change () Addition

KUHNS, LEONARD Name: Name: KUHNS, LEONARD

1730 HEISTER VALLEY ROAD Address: RD 137 K Address:

MOUNT PLEASANT MILLS, PA 17853 City-St-Zip: City-St-Zip: MOUNT PLEASANT MILLS, PA 17853

Title: () Delete Title: (X) Change () Addition BULLOCK, LAWANDA BULLOCK, LAWANDA Name: Name: Address: 1718 SPLIT FORK DR Address: 1718 SPLIT FORK DR AVON, IN 46123 OLDSMAR, FL 34677 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAWANDA BULLOCK ST 04/30/2007