

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03031

FILED
Feb 28, 2009
Secretary of State

Entity Name: DAYSPRING MINISTRIES, INC.

Current Principal Place of Business:

1718 SPLIT FORK DRIVE
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 40115
SAINT PETERSBURG, FL 33743 US

New Mailing Address:

P O BOX 40115
ST. PETERSBURG, FL 33743

FEI Number: 59-2412008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Title: D () Delete
Name: MILLER, MARK
Address: 4435 EAST US HWY 52
City-St-Zip: RUSHVILLE, IN 46173 US

Title: D () Delete
Name: GESSNER, DON
Address: 1299 BROCKWAY DR
City-St-Zip: AVON, IN 46123

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

Title: D () Delete
Name: KUHNS, LEONARD
Address: 1730 HEISTER VALLEY ROAD
City-St-Zip: MOUNT PLEASANT MILLS, PA 17853

Title: S/T () Delete
Name: BULLOCK, LAWANDA
Address: 1718 SPLIT FORK DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MILLER, MARK
Address: 13260 STOMM ROAD
City-St-Zip: HAGERSTOWN, IN 47346 US

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: OST (X) Change () Addition
Name: BULLOCK, LAWANDA
Address: 1718 SPLIT FORK DR
City-St-Zip: OLDSMAR, FL 34677

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

O

02/28/2009

Electronic Signature of Signing Officer or Director

Date