

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90097 004 \*\*\*\*61.25

**DOCUMENT # N03031**

1. Entity Name

**DAYSPRING MINISTRIES, INC.**



Principal Place of Business

~~2116 NW 29TH CIRCLE~~ ~~6745-38th Ave N~~ ~~P.O. BOX 56388~~ ~~40115~~  
~~CAMA WA 98607~~ ~~St. Petersburg~~ ~~PORTLAND OR 97238~~ ~~St. Petersburg FL 33743~~  
~~US~~ ~~FL 33710~~ ~~US~~

2. Principal Place of Business

~~6745-38th Ave N.~~ ~~P.O. Box 40115~~

Suite, Apt. #, etc.

~~St. Petersburg FL~~

City & State ~~St. Petersburg, FL~~ ~~St. Petersburg, FL~~

Zip ~~33710~~ Country ~~USA~~ Zip ~~33743~~ Country ~~USA~~

6. Name and Address of Current Registered Agent

**OLSEN, JAMES**  
~~8686 SE ALABAMA PLACE~~ **8036 S.E. Doubletree Dr**  
**HOBE SOUND FL 33455**

4. FEI Number **59-2412008**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME **D KUHNS, LEONARD**  
STREET ADDRESS **RD 1 37 K**  
CITY-ST-ZIP **MOUNT PLEASANT MILLS PA 17853**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **465 Pinellas Bayway #208**  
CITY-ST-ZIP **Tierra Verde FL 33715**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **113 E. Graceland Heights Dr.**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8036 S.E. Double Tree Dr.**  
CITY-ST-ZIP **33455**

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

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**2-5-03**

CR2E037 (10/02)