2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

TYPED-OR PRINTED NAME OF SIGN

Apr 05, 2007 8:00 am Secretary of State DOCUMENT # N05000008080 04-05-2007 90310 001 ***122 50 DAYSPRING OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address **5654 DUNN AVENUE 5654 DUNN AVENUE** DOUDDATAA JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-3380226 City & State City & State Applied For Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (aren WILLIAMS, TARA Street Address (P.O. Box Number is Not Acceptable) 5654 DUNN AVENUE JACKSONVILLE, FL 32218 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 ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Ð TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUMLIN, JEFFREY K REV. NAME NAME 5654 DUNN AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete ☐ Addition ΠLE TIN S ☐ Change YOUNG, ELIZABETH NAME NAME STREET ADDRESS 5654 DUNN AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-20P D TITLE ☐ Defete TITLE ☐ Change ☐ Addition BEVEL, RANDOLPH NAME NAME STREET ADDRESS 5654 DUNN AVENUE STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE MOSES, ELISHA NAME STREET ADDRESS 5654 DUNN AVENUE STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAPSON, CHARLES NAME NAME STREET ADDRESS **5654 DUNN AVENUE** STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP CITY-ST-ZIP Delete ΠΠE Change ☐ Addition TITLE WILLIAMS, TEMPLE STREET ADDRESS 5654 DUNN AVENUE STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP CITY-ST-ZIP 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 receive or trustee empowered to execute his seport 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 improved. of the corporation or the receiving changed, or on an attachment

FILED

NG OFFICER OR DIRECTOR