2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N05000008080

Entity Name: DAYSPRING OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5654 DUNN AVENUE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

5654 DUNN AVENUE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-3380226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TERRI
5654 DUNN AVENUE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

WILLIAMS, TERRI L
5654 DUNN AVENUE
JACKSONVILLE, FL 32218 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: TERRI L. WILLIAMS 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RUMLIN, JEFFREY K REV.
Address: 5654 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: YOUNG, ELIZABETH
Address: 5654 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: BEVEL, RANDOLPH
Address: 5654 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: MOSES, ELISHA
Address: 5654 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: MAPSON, CHARLES
Address: 5654 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: TERRI L. WILLIAMS RA 04/08/2009
Electronic Signature of Signing Officer or Director Date