

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012796

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: DAWNING LIGHT MINISTRIES, INC.

**Current Principal Place of Business:**

5664 PADDOCK TRAIL DRIVE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

5664 PADDOCK TRAIL DRIVE  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 03-0611300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIBBS, MICHAEL MR.  
5664 PADDOCK TRAIL DRIVE  
TAMPA, FL 33624 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: PD ( ) Delete  
Name: GIBBS, MICHAEL J  
Address: 5664 PADDOCK TRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: VD ( ) Delete  
Name: IBBITSON, DON  
Address: 15808 HOUND HORN LANE  
City-St-Zip: TAMPA, FL 33624

Title: STD ( ) Delete  
Name: COLVIN, JULE C  
Address: 3005 BARRET AVENUE  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: GIBBS, SUE  
Address: 5664 PADDOCK TRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: ROBERTS, GLEN  
Address: 3819 BUCKINGHAM LOOP  
City-St-Zip: VALRICO, FL 33594

**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: SUE GIBBS

D

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date