

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40898 (1)
1. Corporation Name
DAYSPRING MINISTRIES OF FRUITLAND PARK, INC.



Principal Place of Business Mailing Address
509 WEST BERCKMAN STREET **509 WEST BERCKMAN STREET**
FRUITLAND PARK FL 34731 **FRUITLAND PARK FL 34731**

3. Date Incorporated or Qualified **11/16/1990** 3a. Date of Last Report **06/01/1995**
4. FEI Number **59-2204301** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

TAYLOR, LAWRENCE E - ATTORNEY
1029 W MAGNOLIA ST
LEESBURG 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMNER, KEITH	1.2 NAME	Peggy Treen
STREET ADDRESS	05345 TWIN PALMS RD	1.3 STREET ADDRESS	116 Villa Ave.
CITY-ST-ZIP	FRUITLAND PK FL	1.4 CITY-ST-ZIP	Fruitland Park, Fla. 34731
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JIMMIE	2.2 NAME	Sadie M. Lee
STREET ADDRESS	1841 ANDERSON LN	2.3 STREET ADDRESS	1225 Lewis Rd.
CITY-ST-ZIP	LADY LK FL	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, SADIE M.	3.2 NAME	
STREET ADDRESS	1904 WEST HIGH STREET See change	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, BETTY SUE	4.2 NAME	
STREET ADDRESS	301 SOUTH CORDOVA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSARD, ELBERT	5.2 NAME	
STREET ADDRESS	02021 TOBY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, BLANCHE	6.2 NAME	
STREET ADDRESS	1321 DORA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sadie M. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29/96

904-728-8525

Date

Daytime Phone #

CR2E037 (12/95)