

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40898

1. Entity Name

DAYSPRING MINISTRIES OF FRUITLAND PARK, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90013 013 ****61.25

Principal Place of Business

Mailing Address

509 WEST BERCKMAN STREET
FRUITLAND PARK FL 34731

509 WEST BERCKMAN STREET
FRUITLAND PARK FL 34731-3224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2204301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AYRIS, DAVID
115 S VILLA AVE
FRUITLAND FL 34731 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Peggy Treen
115 S. Villa Ave.
FRUITLAND PARK, FL 34731 ☐ Change ☒ Addition 352 326-8506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEXTON, BETTY
301 CORDOVA PLACE
LEESBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Keith Sumner
05345 Twin Palms Rd.
FRUITLAND PARK, FL 34731 ☐ Change ☒ Addition 352 787-1448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEE, SADIE M.
1225 LEWIS RD.
LEESBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HANSARD, ELBERT
02021 TOBY LANE
FRUITLAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NEWTON, BLANCHE
1321 DORA DR
LEESBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/00 352-787-7320

Date

Daytime Phone #

CR2E037 (9/99)