


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90066 023 \*\*\*\*61.25

<b>DOCUMENT # N40898</b> 1. Entity Name <b>DAYSPRING MINISTRIES OF FRUITLAND PARK, INC.</b>			
Principal Place of Business <b>509 WEST BERCKMAN STREET FRUITLAND PARK, FL 34731</b>		Mailing Address <b>509 WEST BERCKMAN STREET FRUITLAND PARK, FL 34731</b>	
2. Principal Place of Business <b>309 W. BERCKMAN ST.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>FRUITLAND PARK, FL</b>		City & State <b>FL</b>	
Zip <b>34731</b>		Country <b>U.S.A</b>	
4. FEI Number <b>59-2204301</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TAYLOR, LAWRENCE E - ATTORNEY 1029 W MAGNOLIA ST LEESBURG, FL 34748</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, SANDY 902 S VALLEY RD FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jimmy Stewart 104 W. GRIFFIN ST. FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, BETTY 301 CORDOVA PLACE LEESBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Bell 110 E. Berckman St. FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, SADIE M. 1225 LEWIS RD. LEESBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, NANCY 308 THOMAS ST. FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, BLANCHE 1321 DORA DR LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREAT, PEGGY 115 S VILLA AVE FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> <i>Sadie Lee President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/18/04 352-787-1677 <small>Date Daytime Phone #</small>	