## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 30, 2007 8:00 am **Secretary of State** DOCUMENT # N40898 03-30-2007 90148 040 \*\*\*\*61.25 DAYSPRING MINISTRIES OF FRUITLAND PARK, INC. 4004000-Principal Place of Business Mailing Address **509 WEST BERCKMAN STREET 509 WEST BERCKMAN STREET** FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Same as above Same as Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2204301 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, LAWRENCE E - ATTORNEY 1029 W MAGNOLIA ST Street Address (P.O. Box Number is Not Acceptable) LEESBURG, FL 34748 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstitting) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Addition BELL, CHRIS NAME NAME 110 BERCKMAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition HANSARD, ELBERT NAME NAME STREET ADDRESS 2021 TOBY LANE STREET ADDRESS CITY-ST-7IP FRUITLAND PARK, FL 34731 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition LEE. SADIE NAME NAME STREET ADDRESS 1225 LEWIS ROAD STREET ADDRESS FRUITLAND PARK, FL 34731 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BLANCH NEWTON, BL;ANCHE NAME NAME 1321 DORA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITLE ☐ Delete IIILE ☑ Addition ☐ Change JIMMIE Stewart SEXTON, BETTY NAME NAME 104W. Bruffin Sh STREET ADDRESS 301 S CORDOVA PL STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZIP Fruitland Park, 71a. 34731 TITLE Delete ☐ Change TITLE 4 Addition NAME TREEN, PEGGY NAME 303 N VALLEY ROAD STREET ADDRESS STREET ADDRESS FRUITLAND PARK, FL 34731 CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.