

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40898

FILED
Feb 16, 2009
Secretary of State

Entity Name: DAYSPRING MINISTRIES OF FRUITLAND PARK, INC.

Current Principal Place of Business:

509 WEST BERCKMAN STREET
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

509 WEST BERCKMAN STREET
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 59-2204301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, LAWRENCE E - ATTORNEY
1029 W MAGNOLIA ST
LEESBURG, FL 34748 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: BELL, CHRIS
Address: 110 BERCKMAN STREET
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T () Delete
Name: HANSARD, ELBERT
Address: 2021 TOBY LANE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VPD () Delete
Name: LEE, SADIE
Address: 1225 LEWIS ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: NEWTON, BLANCH
Address: 1321 DORA DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SEXTON, BETTY
Address: 301 S CORDOVA PL
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: STEWART, JIMMIE
Address: 104 W. GRIFFIN ST
City-St-Zip: FRUITLAND PARK, FL 34731

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:

Title: D (X) Change () Addition
Name: LUDGATE, SHIRLEY
Address: 817 CAROL STREET
City-St-Zip: WILDWOOD, FL 34785

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: CHRIS BELL, SR.

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date