


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90105 014 \*\*\*\*61.25

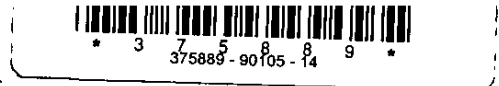
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004170**

1. Corporation Name  
**DAYSRING COMMUNITY BIBLE CHURCH, INC.**

Principal Place of Business 14015 GAVIN ROAD DOVER FL 33527-4601	Mailing Address 14015 GAVIN ROAD DOVER FL 33527-4601
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2. Principal Place of Business 21 <b>9643 PALM RIVER RD.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. BOX 521</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>07/20/1998</b>
22 City & State 23 <b>Tampa, FL</b>	27 City & State 28 <b>Dover, FL</b>	4. FEI Number 59-3523752
24 Zip 33619	25 Country USA	29 Zip 33527
30 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent <b>AMERILAWYER</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURROWS, STANLEY E		1.2 NAME	<b>TD JERRY WATSON</b>
STREET ADDRESS 14015 GAVIN ROAD		1.3 STREET ADDRESS	<b>14015 GAVIN ROAD</b>
CITY-ST-ZIP DOVER FL 33527-4601		1.4 CITY-ST-ZIP	<b>DOVER, FL 33527-4601</b>
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURROWS, RUTH R		2.2 NAME	
STREET ADDRESS 14015 GAVIN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP DOVER FL 33527-4601		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELOATCH, JAMES T		3.2 NAME	
STREET ADDRESS 14015 GAVIN ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP DOVER FL 33527-4601		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELOATCH, VONDA		4.2 NAME	
STREET ADDRESS 14015 GAVIN ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP DOVER FL 33527-4601		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/13/99 627-9538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)