

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90021 026 ****61.25

10-71

DOCUMENT # N98000004170

1. Entity Name

DAYSPRING COMMUNITY BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

9663 PALM RIVER RD
 TAMPA FL 33619
 US

PO BOX 521
 DOVER FL 33527-4601

928335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9643 Palm River Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3523752

Applied For

Not Applicable

Zip

Country

Zip

Country

33619

US

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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: PD
 NAME: BURROWS, STANLEY E Delete
 STREET ADDRESS: 14015 GAVIN ROAD
 CITY-ST-ZIP: DOVER FL 33527-4601

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

TITLE: SD
 NAME: BURROWS, RUTH R Delete
 STREET ADDRESS: 14015 GAVIN ROAD
 CITY-ST-ZIP: DOVER FL 33527-4601

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

TITLE: VD
 NAME: DELOATCH, JAMES T Delete
 STREET ADDRESS: 14015 GAVIN ROAD
 CITY-ST-ZIP: DOVER FL 33527-4601

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

TITLE: TD
 NAME: WATSON, JERRY Delete
 STREET ADDRESS: 14015 GAVIN ROAD
 CITY-ST-ZIP: DOVER FL 33527-4601

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

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE: Delete
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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley E. Burrows

Date *3/5/01*

Daytime Phone # *813-754-1349*

CR2E037 (10/00)