

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739336

Entity Name: DAYSPRING CHRISTIAN MINISTRIES, INC.**Current Principal Place of Business:**7169 CONANT AVE
JACKSONVILLE, FL 32210**Current Mailing Address:**P.O. BOX 7036
JACKSONVILLE, FL 32238**FEI Number:** 59-1768964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YODER, ALLEN J.
60 CINNAMON ST.
MIDDLEBURG, FL 32068 US*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**Officer/Director Detail :**

Title	PD
Name	YODER, ALLEN J.
Address	60 CINNAMON ST.
City-State-Zip:	MIDDLEBURG FL 32068

Title	SD
Name	YODER, CLARA
Address	60 CINNAMON ST.
City-State-Zip:	MIDDLEBURG FL 32068

Title	D
Name	CILLIAC, VITAL
Address	968 HIBERNIA FOREST DR
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	VD
Name	KOZLOSKI, MICHAEL
Address	5627 COLUMBIA PL
City-State-Zip:	JACKSONVILLE FL

Title	T
Name	BALCAR, JEANEVA F.
Address	10264 OLD PLANK RD
City-State-Zip:	JACKSONVILLE FL

Title	D
Name	MORRISON, DAVID
Address	7076 BETH ANN TERRACE
City-State-Zip:	JACKSONVILLE FL 32210

I hereby 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 all other like empowered.

SIGNATURE: ALLEN J YODER

PD

03/02/2021

Electronic Signature of Signing Officer/Director Detail_____
Date