

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011607

FILED  
Apr 28, 2012  
Secretary of State

Entity Name: DAYSPRING MISSIONS OF HOPE INC

## Current Principal Place of Business:

3137 MCEWAN VIEW CIRCLE  
ORLANDO, FL 32812

## New Principal Place of Business:

1499, MAGELLAN CIRCLE  
ORLANDO, FL 32818 US

## Current Mailing Address:

3137 MCEWAN VIEW CIRCLE  
ORLANDO, FL 32812

## New Mailing Address:

1499, MAGELLAN CIRCLE  
ORLANDO, FL 32818 US

FEI Number: 27-4283968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAKINDE, HELEN  
3137 MCEWAN VIEW CIRCLE  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

MAKINDE, HELEN  
1499, MAGELLAN CIRCLE  
ORLANDO,, FL 32818, 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: HELEN MAKINDE

04/28/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: MAKINDE, HELEN MRS  
Address: 1499, MAGELLAN CIRCLE  
City-St-Zip: ORLANDO, FL 32818 US

Title: VP  
Name: MAKINDE, CHARLES MR  
Address: 1499, MAGELLAN CIRCLE  
City-St-Zip: ORLANDO, FL 32818 US

Title: SECR  
Name: JOSEPH-MARTIN, KATHLEEN MRS  
Address: 865, CHAUNCEY COURT  
City-St-Zip: OCOEE, FL 34761 US

Title: D  
Name: ACQUAH, SHIRLEY F MRS  
Address: 4851, BOLLES LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D  
Name: MAKINDE, OLUWAFUNTO MRS  
Address: 20239 GOLDEN MESA DR  
City-St-Zip: KATY, TX 77449 US

Title: D  
Name: OGUNTUYI, OLUWATOYIN G MRS  
Address: 21550, PROVINCIAL BLVD #623  
City-St-Zip: KATY,, TX 77450 US

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: HELEN MAKINDE

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date