

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011607

Entity Name: DAYSPRING MISSIONS OF HOPE INC**Current Principal Place of Business:**1499, MAGELLAN CIRCLE
ORLANDO, FL 32818**Current Mailing Address:**1499, MAGELLAN CIRCLE
ORLANDO, FL 32818 US**FEI Number:** 27-4283968**Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	SECR
Name	JOSEPH-MARTIN, KATHLEEN MRS
Address	865, CHAUNCEY COURT
City-State-Zip:	OCOE FL 34761

Title	D
Name	ACQUAH, SHIRLEY FMRS
Address	4851, BOLLES LAKE DRIVE
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	MAKINDE, OLUWAFUNTO MRS
Address	20916,PATRIOT PARK LANE
City-State-Zip:	KATY TX 77449

Title	D
Name	OGUNTUYI, OLUWATOYIN GMRS
Address	21550, PROVINCIAL BLVD #623
City-State-Zip:	KATY, TX 77450

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**PRESIDENT****04/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date