

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009074

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** DANIEL SCHOOL OF WISDOM AND ACADEMICS, INC.

**Current Principal Place of Business:**

3949 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3949 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JOHNSTON, DAVID L  
3949 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSTON, DAVID L REV  
Address: 2207 ALICIA LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D ( ) Delete  
Name: WHITFIELD, MICHAEL  
Address: 8415 SAN MARTARRO DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D ( ) Delete  
Name: COOK, MARK  
Address: 12217 LASHBROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32223 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID L JOHNSTON

PRES

05/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date