2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004741

FILED Apr 08, 2009 Secretary of State

Entity Name: DAYSPRING CHRISTIAN ACADEMY AND PRESCHOOL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5654 DUNN AVE JACKSONVILLE, FL 32218					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5654 DUNN AVE JACKSONVILLE, FL 32218					
FEI Number: 2	26-0321711	FEI Number Applied For ()	El Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
WILLIAMS, TERRI 5654 DUNN AVE JACKSONVILLE, FL 32218 US			WILLIAMS, TERRI L 5654 DUNN AVE JACKSONVILLE, FL	32218 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.					
SIGNATUR	E: TERRIL.V	VILLIAMS		04/08/2009	
		Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E RUMLIN, JEFFRE 5654 DUNN AVE JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E YOUNG, ELIZABI 5654 DUNN AVE JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) I WOODARD, ERN 5654 DUNN AVE JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MCKENZIE, MAUDE 5654 DUNN AVE JACKSONVILLE, FL 32218		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E KING, LINDA 5654 DUNN AVE JACKSONVILLE,	Delete FL 32218	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TERRI L. WILLIAMS RA 04/08/2009