2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N08000008399

Entity Name: DAYSPRING SCHOOL OF HEALTH AND HEALING, INC.

Current Principal Place of Business:

2725 ROBIE AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 74
MOUNT DORA, FL 32756

New Mailing Address:

P O BOX 74
MOUNT DORA, FL 32756

FEI Number: 26-3187551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURHAM, RHONDA S
2725 ROBIE AVENUE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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: CHRM ( ) Delete
Name: DURHAM, RHONDA S
Address: P. O. BOX 74
City-St-Zip: MOUNT DORA, FL 32756

Title: PRES ( ) Delete
Name: DURHAM, RHONDA S
Address: P. O. BOX 74
City-St-Zip: MOUNT DORA, FL 32756

Title: VPD ( ) Delete
Name: PETERSON, RESI M
Address: P. O. BOX 74
City-St-Zip: MOUNT DORA, FL 32756

Title: DIR (X) Delete
Name: PETERSON, RESI M
Address: P. O. BOX 71
City-St-Zip: MOUNT DORA, FL 32756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DURHAM, RHONDA S
Address: P. O. BOX 74
City-St-Zip: MOUNT DORA, FL 32756

Title: VPD (X) Change ( ) Addition
Name: SIMONS, PAMELA S
Address: P. O. BOX 74
City-St-Zip: MOUNT DORA, FL 32756

Title: DIR (X) Change ( ) Addition
Name: PETERSON, RESI M
Address: P. O. BOX 74
City-St-Zip: MOUNT DORA, FL 32756

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: RHONDA DURHAM PRES 04/08/2009

Electronic Signature of Signing Officer or Director — Date