

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008399

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**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 857  
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:** PRES  
**Name:** DURHAM, RHONDA S  
**Address:** P. O. BOX 857  
**City-St-Zip:** MOUNT DORA, FL 32756

**Title:** VPD  
**Name:** SIMONS, PAMELA S  
**Address:** P. O. BOX 857  
**City-St-Zip:** MOUNT DORA, FL 32756

**Title:** DIR  
**Name:** PETERSON, RESI M  
**Address:** P. O. BOX 857  
**City-St-Zip:** MOUNT DORA, FL 32756

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:** RHONDA DURHAM

PRES

04/05/2010

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

\_\_\_\_\_  
Date