FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 21 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14739 (9)

1. Corporation Name

DAYSPRING PRESBYTERIAN CHURCH, P.C.A. INC.

Principal Place of Business	Mailing Address
6000 MARINER BLVD. SPRING HILL FL 34609-8321	6000 MARINER BLVD. SPRING HILL FL 34609-8321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2717906 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HEDDLESON, RAY
6033 SUNDAY ROAD
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EUBANKS, JONATHAN	12 NAME	800001520688
STREET ADDRESS	2253 ARDENWOOD DRIVE	13 STREET ADDRESS	-06/22/95--01050--009
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	EDDY, THOMAS	22 NAME	
STREET ADDRESS	1440 HENRY CT.	23 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BICKETT, MAC	32 NAME	D BICKET, MAC
STREET ADDRESS	22 S. SWEETGUM CT.	33 STREET ADDRESS	Delete: Deceased Dec 94
CITY-ST-ZIP	HOMASASSA FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BEHAN, JAMES	42 NAME	
STREET ADDRESS	4238 LEE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAXEY, CECIL	52 NAME	
STREET ADDRESS	4117 LANDOVER BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	HEDDLESON, RAY	62 NAME	
STREET ADDRESS	6033 SUNDAY ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	64 CITY-ST-ZIP	6/21

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: K. Heddleson 28 Apr 95 (904)596-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0085069