2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006
Secretary of State

DOCUMENT# N35645

Entity Name: DAYSPRING DEVELOPMENTAL LEARNING CENTER, INCORPORATED

Current Principal Place of Business:

% BETTY M. OATS
3808 RIVER GROVE COURT
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

% BETTY M. OATS
3808 RIVER GROVE COURT
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-2986598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

OATS, BETTY M
3808 RIVER GROVE CT
TAMPA, FL 33610 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: DP ( ) Delete
Name: OATS, BETTY M
Address: 3808 RIVER GROVE CT
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: MUTCHERSON, GAIL
Address: 7813 NORTH WHITTIER STREET
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete
Name: SMALLS, SHERYL L
Address: 8012 CHANEY LANE
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MUTCHERSON, GAIL
Address: 6606 CALYPSO COURT
City-St-Zip: TEMPLE TERRACE, FL 336637 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY M. OATS PD 09/08/2006
Electronic Signature of Signing Officer or Director — Date