

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 13, 2008  
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 (X)  
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:**

**Name and Address of New Registered Agent:**

OATS, BETTY M  
3808 RIVER GROVE CT  
TAMPA, FL 33610    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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: BETTY M OATS

PD

05/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date