

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:29

DOCUMENT # N93000002902 (5)

1. Corporation Name

DAYSPRING CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

2701 WOODSCHAPPEL ROAD
MARIANNA FL 32446
US

POST OFFICE BOX 6017
MARIANNA FL 32447
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1993
3a. Date of Last Report 06/24/1994

4. FEI Number 59-3196082
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNN, CHARLES M
4437 JACKSON STREET
MARIANNA FL 32446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STEWART, WAYNE
STREET ADDRESS	4664 CLAYTON DR,
CITY- ST- ZIP	MARIANNA FL
TITLE	VD
NAME	CARROLL, EARL
STREET ADDRESS	CAMP RD.
CITY- ST- ZIP	MARIANNA FL 32446
TITLE	SD
NAME	HAMILTON, MARIE H
STREET ADDRESS	4870 DAVIS RD-
CITY- ST- ZIP	MARIANNA FL 32446
TITLE	TD
NAME	CENTERS, GREGORY L
STREET ADDRESS	4589 OAKWOOD DR-
CITY- ST- ZIP	MARIANNA FL 32446
TITLE	D
NAME	BEASLEY, WENDY
STREET ADDRESS	3382 BEVIA RD.
CITY- ST- ZIP	MARIANNA FL 32446
TITLE	D
NAME	STEWART, FRANKIE
STREET ADDRESS	4664 CLAYTON DR.
CITY- ST- ZIP	MARIANNA FL 32446

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Melvin, Thomas L.
3.3 STREET ADDRESS	4010 Old Cottondale Road
3.4 CITY- ST- ZIP	Marianna, FL 32446
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95

704-524-4817
(Typed Name)