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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000002902 (5)

1. Corporation Name

DAYSRING CHRISTIAN ACADEMY, INC.



Principal Place of Business

Mailing Address

2701 WOODSCHAPEL ROAD
MARIANNA FL 32446
US

POST OFFICE BOX 8017
MARIANNA FL 32447-8017
US

3. Date Incorporated or Qualified
06/29/1993

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 617.0502 and 617.1508, 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 617.0503, 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 DELETE
NAME STEWART, WAYNE
STREET ADDRESS 4884 CLAYTON DR,
CITY-ST-ZIP MARIANNA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME CARROLL, EARL
STREET ADDRESS CAMP RD.
CITY-ST-ZIP MARIANNA FL 32446

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME MELVIN, THOMAS L.
STREET ADDRESS 4010 OLD COTTONDALE RD
CITY-ST-ZIP MARIANNA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BEASLEY, WENDY
STREET ADDRESS 3382 BEVIA RD.
CITY-ST-ZIP MARIANNA FL 32446

4.1 TITLE Change Addition
4.2 NAME Morris, Mark
4.3 STREET ADDRESS 5158 Woodgate Way
4.4 CITY-ST-ZIP Marianna, FL 32446

TITLE D DELETE
NAME STEWART, FRANKIE
STREET ADDRESS 4884 CLAYTON DR.
CITY-ST-ZIP MARIANNA FL 32446

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME WYNN, CHARLES M
STREET ADDRESS 4437 JACKSON ST
CITY-ST-ZIP MARIANNA FL 32446

6.1 TITLE Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 904-526-3520

Date Daytime Phone (904) 102-18

CP2E037 (9/96)