


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000002902 (5)**  
1. Corporation Name  
**DAYSRING CHRISTIAN ACADEMY, INC.**



Principal Place of Business <b>2701 WOODSCHAPEL ROAD MARIANNA FL 32446 US</b>	Mailing Address <b>POST OFFICE BOX 8017 MARIANNA FL 32447 US</b>
--	---

3. Date Incorporated or Qualified <b>06/29/1993</b>		
4. FEI Number <b>59-3196082</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**WYNN, CHARLES M  
4437 JACKSON STREET  
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEWART, WAYNE</b>
STREET ADDRESS	<b>4864 CLAYTON DR, MARIANNA FL</b>
CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>CARROLL, EARL</b>
STREET ADDRESS	<b>CAMP RD. MARIANNA FL 32446</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MELVIN, THOMAS L.</b>
STREET ADDRESS	<b>4010 OLD COTTONDALE RD MARIANNA FL</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, MARK</b>
STREET ADDRESS	<b>5158 WOODGATE WAY MARIANNA FL</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEWART, FRANKIE</b>
STREET ADDRESS	<b>4864 CLAYTON DR. MARIANNA FL 32446</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WYNN, CHARLES M</b>
STREET ADDRESS	<b>4437 JACKSON ST MARIANNA FL 32446</b>
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Mark Morris* 3/30/98 850-526-4220

CR2E037 (10/97)