

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90025 004 ****61.25

DOCUMENT # N93000002902

1. Entity Name

DAYSRING CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

2759 WOODSCHAPEL RD
 MARIANNA FL 32446
 US

POST OFFICE BOX 6017
 MARIANNA FL 32447-6017
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3196082

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WYNN, CHARLES M
4437 JACKSON STREET
MARIANNA FL 32446

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **STEWART, WAYNE**
 STREET ADDRESS **4664 CLAYTON DR,**
 CITY-ST-ZIP **MARIANNA FL**

TITLE **D** Change Addition
 NAME **English, Randy**
 STREET ADDRESS **5101 Deer Haven Court**
 CITY-ST-ZIP **Marianna, FL 32446**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **DECEASE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MORRIS, MARK**
 STREET ADDRESS **5158 WOODGATE WAY**
 CITY-ST-ZIP **MARIANNA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **STEWART, FRANKIE**
 STREET ADDRESS **4664 CLAYTON DR.**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS **3086 Watson Dr.**
 CITY-ST-ZIP **Marianna, FL 32446**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frankie Stewart
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/00

Date

850-526-3201

Daytime Phone #