

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90119 047 ****61.25

DOCUMENT # N93000002902

1. Entity Name

DAYSPRING CHRISTIAN ACADEMY, INC.

Principal Place of Business

2759 WOODSCHAPEL RD
 MARIANNA FL 32446
 US

Mailing Address

POST OFFICE BOX 6017
 MARIANNA FL 32447
 US

2. Principal Place of Business

Suite, Apt. #, etc.

2579 Woodschapel Rd.

City & State

Marianna, FL 32446

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3196082

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WYNN, CHARLES M
 4437 JACKSON STREET
 MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name: **Wynn, Charles M.**
 Street Address (P.O. Box Number is Not Acceptable):
4436 Clinton Street
 City: **Marianna** FL Zip Code: **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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, WAYNE	
STREET ADDRESS	4664 CLAYTON DR,	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARROLL, EARL	
STREET ADDRESS	CAMP RD.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLISH, RANDY	
STREET ADDRESS	5101 DEER HAVEN COURT	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, MARK	
STREET ADDRESS	5158 WOODGATE WAY	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, FRANKIE	
STREET ADDRESS	4664 CLAYTON DR.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYNN, CHARLES M	
STREET ADDRESS	3086 WATSON DR	
CITY-ST-ZIP	MARIANNA FL 32446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

Charles M. Wynn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

(850) 576-5520
 Daytime Phone #

CR2E037 (10/00)