


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90662 027 ****61.25

DOCUMENT # N93000002902
1. Entity Name
DAYSPRING CHRISTIAN ACADEMY, INC.



Principal Place of Business: **2579 WOODSCHAPEL RD
MARIANNA FL 32446
US**
Mailing Address: **POST OFFICE BOX 6017
MARIANNA FL 32447
US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-3196082**
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
**WYNN, CHARLES M
4436 CLINTON STREET
MARIANNA FL 32446**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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 checked="" type="checkbox"/> Delete
NAME: MORRIS, MARK	
STREET ADDRESS: 5158 WOODGATE WAY	
CITY-ST-ZIP: MARIANNA FL	
TITLE: D	<input type="checkbox"/> Delete
NAME: WYNN, CHARLES M	
STREET ADDRESS: 3086 WATSON DR	
CITY-ST-ZIP: MARIANNA FL 32446	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Steve Hall	
STREET ADDRESS: 5099 Creek Path	
CITY-ST-ZIP: Marianna, FL 32446	
TITLE: D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Nan Barfield	
STREET ADDRESS: 4647 The Oaks Dr.	
CITY-ST-ZIP: Marianna, FL 32446	
TITLE: D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Mark Corbin	
STREET ADDRESS: 4850 Dogwood Dr.	
CITY-ST-ZIP: Marianna, FL 32446	
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: Steve Hall Date: 4-26-04 Telephone: 850-526-4919