


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90121 040 \*\*\*\*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



2. Principal Place of Business  
 4992 Brida Ln  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State  
 Marianna, FL

City & State

4. FEI Number  
 59-3196082

Applied For  
 Not Applicable

Zip  
 32446

Country  
 US

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
 Due by May 1, 2006

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	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, ABBY	
STREET ADDRESS	5130 LAKE BLUFF CR	
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	WYNN, CHARLES M	
STREET ADDRESS	3086 WATSON DR	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, STEVE	
STREET ADDRESS	5099 CREEK PATH	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, NAN	
STREET ADDRESS	4647 THE OAKS DRIVE	
CITY-ST-ZIP	MARIANNA, FL 32446	
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	Nobles, Kim	
STREET ADDRESS	2373 Bridge Creek Rd	
CITY-ST-ZIP	Marianna, FL 32448	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renaud, Mike	
STREET ADDRESS	3156 Club Dr.	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	White, Mike - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Mike - D	
STREET ADDRESS	2397 Lawrence Rd	
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 exemptions contained in Chapter 119, 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: Abby Strickland Abby Strickland 4/17/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

