

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N93000002902

Entity Name: DAYSPRING CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

4685 MEADOWVIEW
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6017
MARIANNA, FL 32447 US

New Mailing Address:

4685 MEADOWVIEW
MARIANNA, FL 32446 US

FEI Number: 59-3196082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYNN, CHARLES M
4436 CLINTON STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRICKLAND, ABBY
Address: 5130 LAKE BLUFF CR
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: WATSON, RUSSELL
Address: 2495 SIXTH AVENUE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: WYNN, CHARLES M
Address: 3086 WATSON DR
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: NOBLES, KIM
Address: 2373 BRIDGE CREEK ROAD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: PRICE, MADELYN
Address: 2756 SEMINOLE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: RENAUD, MIKE
Address: 3156 CLUB DRIVE
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE RENAUD

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date