

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000948 (8)**

1. Corporation Name

**DAYSPRING SERVICES, INC.**



Principal Place of Business

Mailing Address

**601 AVENUE B  
SUITE 717  
FT. PIERCE FL 34950**

**601 AVENUE B  
SUITE 717  
FT. PIERCE FL 34950**

3. Date Incorporated or Qualified

**02/24/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 5014 North US1**

**26 5014 North US1**

4. FEI Number

**65-0567607**

Applied For

Not Applicable

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

**22 # 103**

**27 # 103**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

**23 Fort Pierce, FL**

**28 Fort Pierce, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 34946**

**25 USA**

**29 34946**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONE, PHILLIP  
601 AVENUE B  
SUITE 717  
FT. PIERCE FL 34950**

81 Name

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

83

84 City

**FL**

85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **V.P./D**

12 NAME

STREET ADDRESS **Phillip M. LEONE**

13 STREET ADDRESS

CITY-ST-ZIP **601 AVENUE B #717**

14 CITY-ST-ZIP

**FT. PIERCE, FL 34950**

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

22 NAME

NAME **PRES./TREAS/SECY/M/D**

23 STREET ADDRESS

STREET ADDRESS **BARBARA A. SKY**

24 CITY-ST-ZIP

CITY-ST-ZIP **345 WEATHERBEE RD. #21**

25 CITY-ST-ZIP

**FT. PIERCE, FL 34982**

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

32 NAME

NAME **D**

33 STREET ADDRESS

STREET ADDRESS **SANDRA HOLLAND**

34 CITY-ST-ZIP

CITY-ST-ZIP **116 VIRGINIA PARK BLVD.**

41 TITLE ☐ Change ☐ Addition

**FT. PIERCE, FL 34947**

42 NAME

TITLE ☐ DELETE

43 STREET ADDRESS

NAME

44 CITY-ST-ZIP

STREET ADDRESS

51 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

52 NAME

TITLE ☐ DELETE

53 STREET ADDRESS

NAME

54 CITY-ST-ZIP

STREET ADDRESS

61 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

62 NAME

TITLE ☐ DELETE

63 STREET ADDRESS

NAME

64 CITY-ST-ZIP

STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Barbara A. Sky**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-96**

Date

**460-8517**

Daytime Phone #

CR2E037 (12/95)