2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N97000001240

Entity Name: DANIEL PAYNE ACADEMY, INC.

Current Principal Place of Business:

4203 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4203 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3454601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, JAMES D
4203 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216 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:	DC	( ) Delete
Name:	CLARK, JAMES D CHAIR	
Address:	4203 SOUTHPOINT BLVD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	DVC	( ) Delete
Name:	WELLS, LESLEY VICECHR	
Address:	4203 SOUTHPOINT BLVD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	DS	( ) Delete
Name:	SHELLY, MADISON SEC	
Address:	4203 SOUTHPOINT BLVD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	DT	( ) Delete
Name:	KNOX, MICHAEL A TREAS	
Address:	4203 SOUTHPOINT BLVD	
City-St-Zip:	JACKSONVILLE, FL 32216	

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
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D. CLARK CHR 02/01/2006

Electronic Signature of Signing Officer or Director — Date