

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001240

FILED
Jan 29, 2007
Secretary of State

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 ()

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

DC

01/29/2007

Electronic Signature of Signing Officer or Director

Date