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Apr 30, 1999 8:00 am  
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04-30-1999 90044 030 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000004630

1. Corporation Name

DAYSPRING CHRISTIAN ACADEMY FOUNDATION, INC.

Principal Place of Business

4431 LAFAYETTE ST.  
MARIANNA FL 32446

Mailing Address

4431 LAFAYETTE ST.  
MARIANNA FL 32446



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/07/1998

4. FEI Number

59-3542312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F  
4431 LAFAYETTE ST.  
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. 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

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS BLANCHARD, BRIAN  
CITY-ST-ZIP 4732 SHEFFIELD DR.  
MARIANNA FL 32446

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS FOSTER, LEON  
CITY-ST-ZIP 5052 BLUE SPRINGS RD.  
MARIANNA FL 32446

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SMITH, CINDY  
CITY-ST-ZIP 2376 FILLMORE DR.  
MARIANNA FL 32446

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS FURR, PAT  
CITY-ST-ZIP 5410 BLUE SPRINGS RD.  
MARIANNA FL 32446

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CARROLL, EARL  
CITY-ST-ZIP 3044 CAMP RD.  
MARIANNA FL 32446

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BONTRAGER, DANIEL  
CITY-ST-ZIP 1818 HWY. 71 N.  
MARIANNA FL 32448

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D  
2.3 STREET ADDRESS Leon Foster  
2.4 CITY-ST-ZIP 5052 Blue Springs Rd  
Marianna, FL 32446

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME will wester  
5.3 STREET ADDRESS PD (Dual)  
5.4 CITY-ST-ZIP P.O. Box 375  
Grand Ridge FL 32442

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME PD (Dual)  
6.3 STREET ADDRESS Bontrager, Daniel  
6.4 CITY-ST-ZIP 1818 Hwy 71 N  
Marianna FL 32448

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other lines empowered.

SIGNATURE: Brian Blanchard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone # 426-99 638-0250

CR2E037 (11/98)