

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004630**1. Entity 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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3542312
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SWEARINGEN GLENDA F
4431 LAFAYETTE ST.
MARIANNA FL 32446
Name
SWEARINGEN GLENDA F
Street Address (P.O. Box Number is Not Acceptable)
4431 LAFAYETTE ST.
City
MARIANNA FL Zip Code
32446

8. 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 **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW:
FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D ENGLISH RANDY 5101 DEER HAVEN CT. MARIANNA FL 32446		
<input type="checkbox"/> Delete	PD BONTRAGER DANIEL 1818 HWY. 71 N. MARIANNA FL 32448			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D BONTRAGER DANIEL 1818 HWY. 71 N. MARIANNA FL 32448		
<input type="checkbox"/> Delete	PD WESTER WILL PO BOX 375 GRAND RIDGE FL			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	C DAVIS JEFFREY K 2922 JEFFERSON ST. MARIANNA FL 32446		
<input type="checkbox"/> Delete	D FOSTER LEON 5052 BLUE SPRINGS RD. MARIANNA FL 32446			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D SIMPSON ELIZABETH 4444 LAFAYETTE ST. MARIANNA FL 32446		
<input type="checkbox"/> Delete	TD BLANCHARD BRIAN 4732 SHEFFIELD DR. MARIANNA FL 32446			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD BLANCHARD BRIAN 4732 SHEFFIELD DR. MARIANNA FL 32446		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY K. DAVIS C 04/10/2001

CR2E037 (11/00)