

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002902

**Entity Name:** DAYSPRING CHRISTIAN ACADEMY, INC.**Current Principal Place of Business:**4685 MEADOWVIEW RD  
MARIANNA, FL 32446**Current Mailing Address:**4685 MEADOWVIEW RD  
MARIANNA, FL 32446 US**FEI Number:** 59-3196082**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIMPSON, ELIZABETH Y  
4444 LAFAYETTE STREET  
MARIANNA, FL 32446 US*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:** ELIZABETH Y SIMPSON

01/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD MEMBER  
Name BAKER, LYNN  
Address 4420 WOODBROOK DR.  
City-State-Zip: MARIANNA FL 32446

Title SECRETARY  
Name WHITE , MATTHEW  
Address 4685 MEADOWVIEW RD  
City-State-Zip: MARIANNA FL 32446

Title CHAIRMAN  
Name GODWIN , SHIELA  
Address 4685 MEADOWVIEW RD  
City-State-Zip: MARIANNA FL 32446

Title BOARD MEMBER  
Name MELVIN, BRYCE  
Address 4685 MEADOWVIEW RD  
City-State-Zip: MARIANNA FL 32446

Title MEMBER  
Name SHEFFER , JULIE  
Address 4685 MEADOWVIEW RD  
City-State-Zip: MARIANNA FL 32446

Title BOARD MEMBER  
Name BASFORD, MEGHAN  
Address 4685 MEADOWVIEW RD  
City-State-Zip: MARIANNA FL 32446

Title BOARD MEMBER  
Name GREEN, STEVEN  
Address 4685 MEADOWVIEW RD  
City-State-Zip: MARIANNA FL 32446

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHIELA GODWIN

CHAIRMAN

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date