

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N07402

1. Corporation Name

DAYBREAK MINISTRIES, INC.

Principal Place of Business

**1040 BAYVIEW DR., STE. 317
FT. LAUDERDALE FL 33304**

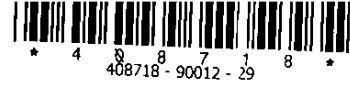
Mailing Address

**1040 BAYVIEW DR., STE 317
FT. LAUDERDALE FL 33304**

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90012 057 ****61.25

04-25-1999 90012 058 *****8.75



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/31/1985

4. FEI Number

59-2595536

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

**JONES, KEITH
1040 BAYVIEW DR
SUITE 317
FT. LAUDERDALE FL 33304**

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 **CDP**
STREET ADDRESS **SOLOMON, STEPHEN ALAN**
CITY-ST-ZIP **3900 NE 18 AVENUE #24
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **JONES, KEITH**
CITY-ST-ZIP **3900 NE 18 AVENUE #9
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **WHALLEY, JOHN F**
CITY-ST-ZIP **799 NE 35 STREET
OAKLAND PARK FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CORELLA, RODRIGO**
CITY-ST-ZIP **300M SUR MACDONALD, URB TROPICANA SUR
ALAJUELA CO**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **KOCH, G. R**
CITY-ST-ZIP **3900 NE 18 AVENUE # 9
OAKLAND PARK FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JERSTED, ERIK**
CITY-ST-ZIP **409 E BROWARD BLVD.
FT. LAUDERDALE FL**

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-8-99

Daytime Phone #

954-565-7449

CR2E037 (11/98)

0036415