

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91469 034 \*\*\*\*70.00

**DOCUMENT # N07402**

1. Entity Name

**DAYBREAK MINISTRIES, INC.**

Principal Place of Business

Mailing Address

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

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

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

**59-2595536**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:**

**Signature and Typed or Printed Name of Signing Officer or Director**

Date

Daytime Phone #

**4/11/02** **954-494-2281**

CR2E037 (9/01)