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: KEITH JONES

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | CDP | Title | V |
|-----------------|-------------------------------|-----------------|-----------------------|
| Name | SOLOMON, STEPHEN ALAN | Name | JONES, KEITH |
| Address | 3900 NE 18 AVENUE #24 | Address | 3900 NE 18 AVE. #47 |
| City-State-Zip: | FT. LAUDERDALE FL | City-State-Zip: | OAKLAND PARK FL 33334 |
| Title | S | Title | т |
| Name | WOOD, BETTIE | Name | SOLOMON, DAWN |
| Address | 2115 NE 37 DRIVE | Address | 3241 VILLANOVA DRIVE |
| City-State-Zip: | FORT LAUDERDALE FL 33308 | City-State-Zip: | LOUISVILLE KY 40220 |
| Title | D | | |
| Name | DINAN, TOM | | |
| Address | 1001 SE 6TH AVE APT B-207 | | |
| City-State-Zip: | DEERFIELD BEACH FL 33441-6976 | | |
| | | | |

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07402

Entity Name: DAYBREAK MINISTRIES, INC.

Current Principal Place of Business:

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

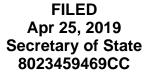
Current Mailing Address:

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

FEI Number: 59-2595536

Name and Address of Current Registered Agent:

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



04/25/2019

Date

Date