

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 AM 9:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N44039 (8)

1. Corporation Name

DAYSPRING MISSIONARY BAPTIST CHURCH CENTER, INC.

Principal Place of Business

Mailing Address

**2901 NW 62ND STREET
MIAMI FL 33147**

**2901 NW 62ND STREET
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1991

3a. Date of Last Report

01/25/1994

4. FBI Number

65-0424210

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENN, CHARLIE
2901 N.W. 62 ST.
MIAMI FL 33147**

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 607.0502 and 607.1508, 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 607.0505, 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

D

NAME

COX, SAMUEL

STREET ADDRESS

2901 NW 62ND STREET

CITY-ST-ZIP

MIAMI FL

TITLE

S

NAME

BOYD, CHARLES R REV.

STREET ADDRESS

2901 NW 62ND STREET

CITY-ST-ZIP

MIAMI FL 33147

TITLE

D

NAME

MOORE, ROBERT

STREET ADDRESS

2901 NW 62ND STREET

CITY-ST-ZIP

MIAMI FL 33147

TITLE

P

NAME

PENN, CHARLIE

STREET ADDRESS

2901 NW 62ND STREET

CITY-ST-ZIP

MIAMI FL

TITLE

V

NAME

WILLIAMS, GEORGE

STREET ADDRESS

2901 NW 62ND STREET

CITY-ST-ZIP

MIAMI FL

TITLE

T

NAME

AMICA, LOUIS

STREET ADDRESS

2901 NW 62ND STREET

CITY-ST-ZIP

MIAMI 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charlie C. Penn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #