

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90037 043 ****61.25

DOCUMENT # N44039

1. Corporation Name

DAYSRING MISSIONARY BAPTIST CHURCH CENTER, INC.

Principal Place of Business

2991 NW 62ND STREET
MIAMI FL 33147

Mailing Address

2991 NW 62ND STREET
MIAMI FL 33147



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/25/1991

4. FEI 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

9. Name and Address of Current Registered Agent

PENN, CHARLIE
2991 N.W. 62 ST.
MIAMI FL 33147

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 D ☐ DELETE
NAME COX, SAMUEL
STREET ADDRESS 2991 NW 62ND STREET
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME BOYD, CHARLES R REV.
STREET ADDRESS 2991 NW 62ND STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ DELETE
NAME MOORE, ROBERT
STREET ADDRESS 2991 NW 62ND STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE P ☐ DELETE
NAME PENN, CHARLIE
STREET ADDRESS 2991 NW 62ND STREET
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME WILLIAMS, GEORGE
STREET ADDRESS 2991 NW 62ND STREET
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE
NAME AMICA, LOUIS
STREET ADDRESS 2991 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Penn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-99
Date

Daytime Phone #

CR2E037 (11/98)