

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44039

FILED
Apr 09, 2009
Secretary of State

Entity Name: DAYSPRING MISSIONARY BAPTIST CHURCH CENTER, INC.

Current Principal Place of Business:

2991 NW 62ND STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2991 NW 62ND STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0424210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROAN, MICHAEL
2991 N.W. 62 ST.
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, SAMUEL
Address: 2991 NW 62ND STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: ROAN, MICHAEL REV.
Address: 2991 NW 62ND STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MOORE, ROBERT
Address: 2991 NW 62ND STREET
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: ROAN, MICHAEL
Address: 2991 NW 62ND STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: AMICA, LOUIS
Address: 2991 NW 62ND STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROAN, MICHAEL

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date