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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9400005097
1. Corporation Name
Daybreak Gospel MINISTRIES INC

Principal Place of Business
**5606 Douglas St
Hollywood FL 33021**

3. Date Incorporated or Qualified
1993

4. FEI Number
65-0395064

Applied For
Not Applicable

2. Principal Place of Business
5606 Douglas St
Suite, Apt. #, etc.
21

2a. Mailing Address
P.O. Box 694742
Suite, Apt. #, etc.
26

City & State
Hollywood FL
23

City & State
Hollywood FL
28

Zip
33021
24

Country
25

Zip
33021
29

Country
30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**Sylvia Gooden
5606 Douglas St
Hollywood FL 33021**

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 **Sylvia Gooden**
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** PRESIDENT ☐ DELETE

NAME **Sylvia Gooden**

STREET ADDRESS **5606 Douglas St**

CITY-ST-ZIP **Hollywood FL 33021**

TITLE **D** Vice President/Secretary ☐ DELETE

NAME **Calvin Gooden**

STREET ADDRESS **5606 Douglas St**

CITY-ST-ZIP **Hollywood FL 33021**

TITLE **T** Board Member ☐ DELETE

NAME **Calvin Gooden**

STREET ADDRESS **200 NW 14th St**

CITY-ST-ZIP **Miami FL 33169**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

NAME **Nicole Gooden**

1.2 NAME

1.3 STREET ADDRESS **5606 Douglas St**

1.4 CITY-ST-ZIP **Hollywood FL 33021**

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.

SIGNATURE: **Sylvia Gooden** **Sylvia Gooden Pres.** **3-2-98** **(954) 894-8342**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)