

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90004 026 ****70.00

DOCUMENT # N94000005097

1. Entity Name

DAYBREAK GOSPEL MINISTRIES, INC.



Principal Place of Business

2011 NW 113 TERR.
LAUDERHILL FL 33313
US

Mailing Address

P.O. BOX 694742
MIAMI FL 33269
US

54069875



MOORE CR2E037 (11/03)

2. Principal Place of Business

8005 SW 7th PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE FL

City & State

Zip

33068

Country

Broward

Country

4. FEI Number

65-0395064

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODEN, SELVYN
22568 SAWFISH TERRACE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

SELVYN GOODEN

Street Address (P.O. Box Number is Not Acceptable)

8005 SW 7th Place

City

North Lauderdale

FL

Zip Code

33068

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Selvyn Gooden

8-22-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOODEN, SELVYN
STREET ADDRESS 22568 SAWFISH TERRACE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP/T ☐ Delete
NAME GOODEN, COLLEEN T
STREET ADDRESS 22568 SAWFISH TERRACE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ Delete
NAME LAMBLE, SHERINE
STREET ADDRESS 7737 HABOUR BLVD.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☒ Delete
NAME BRYANT, CHRISTOPHER
STREET ADDRESS 2933 NW 107 STREET
CITY-ST-ZIP OPA LOCKA FL 33056

TITLE D ☒ Delete
NAME DAILEY, GLOREIA
STREET ADDRESS 2947 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME *Andrea McKenzie*
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME GOODEN SELVYN
STREET ADDRESS 8005 SW 7th PLACE
CITY-ST-ZIP North Lauderdale FL 33068

TITLE VP ☒ Change ☐ Addition
NAME COLLEEN GOODEN
STREET ADDRESS 8005 SW 7th PLACE
CITY-ST-ZIP North Lauderdale FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Treasurer*
STREET ADDRESS *Andrea McKenzie*
CITY-ST-ZIP *5371 NW 188 STREET*
OPA LOCKA FL 33055

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Selvyn Gooden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-04 954-718-7902

Date

Daytime Phone #

ATTACHMENT

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005097

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DAYBREAK GOSPEL MINISTRIES, INC.

Principal Place of Business

2011 NW 113 TERR.
LAUDERHILL, FL 33313 US

Mailing Address

P.O. BOX 694742
MIAMI, FL 33269 US

DO NOT WRITE IN THIS SPACE

05072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0395064Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODEN, SELVYN
22568 SAWFISH TERRACE
BOCA RATON, FL 33428DO NOT WRITE
IN THIS SPACE

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOODEN, SELVYN
STREET ADDRESS	22568 SAWFISH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP/T
NAME	GOODEN, COLLEEN T
STREET ADDRESS	22568 SAWFISH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	LAMBLE, SHERINE
STREET ADDRESS	7737 HABOUR BLVD.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	BRYANT, CHRISTOPHER
STREET ADDRESS	2933 NW 107 STREET
CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	D
NAME	DAILEY, GLOREIA
STREET ADDRESS	2947 RIVERSIDE DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	T
NAME	Andrea McKenzie, Secretary
STREET ADDRESS	5371 NW 188 STREET
CITY-ST-ZIP	OPA LOCKA FL 33055.

DO NOT WRITE
IN THIS SPACE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-04 BY 718-7902

Date

Daytime Phone #