

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 020 ****70.00

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03152005 Chg-NP CR2E037 (10/03)

DOCUMENT # N94000005097 1. Entity Name DAYBREAK GOSPEL MINISTRIES, INC.					
Principal Place of Business 8005 SW 7TH PL NORTH LAUDERDALE, FL 33068 US			Mailing Address P.O. BOX 694742 MIAMI, FL 33269 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0395064	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOODEN, SELVYN 8005 SW 7TH PLACE NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODEN, SELVYN		NAME		
STREET ADDRESS	8005 SW 7TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODEN, COLLEEN T		NAME		
STREET ADDRESS	8005 SW 7TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBLE, SHERINE		NAME		
STREET ADDRESS	7737 HABOUR BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, ANDREA		NAME		
STREET ADDRESS	5371 NW 188 STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33055		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANTONETTE BENNETT		NAME	ANTONETTE BENNETT	
STREET ADDRESS	1752 NW 166 AVE		STREET ADDRESS	1752 NW 166 AVE	
CITY-ST-ZIP	Pembroke Pines FL 33028		CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AINSWORTH GRANT		NAME	AINSWORTH GRANT	
STREET ADDRESS	5525 SW 41 Street #118		STREET ADDRESS	5525 SW 41 Street #118	
CITY-ST-ZIP	Pembroke Park FL 33023		CITY-ST-ZIP	Pembroke Park FL 33023	
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: <i>Sylvyn Gooden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-19-05 954-718-7902 <small>Date Day/Time Phone #</small>		