

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90087 043 ****70.00

DOCUMENT # N94000005097

1. Entity Name

DAYBREAK GOSPEL MINISTRIES, INC.



Principal Place of Business

**5450 SW 54 CT
BAY 30
FORT LAUDERDALE FL 33314
US**

Mailing Address

**P.O. BOX 694742
MIAMI FL 33269
US**

2. Principal Place of Business

2011 NW H3 Tery

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill FL 33013

City & State

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☐ CHECK HERE IF MAKING CHANGES

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
5606 DOUGLAS STREET
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

SELVYN GOODEN

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

22568 SAWFISH TERRACE

City

BOCA RATON

FL

Zip Code

33428

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

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

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 **5606 DOUGLAS STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VP/T** ☒ Delete
NAME **GOODEN, COLLEEN T**
STREET ADDRESS **5606 DOUGLAS ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Delete
NAME **GRIFFITHS, GEORGE**
STREET ADDRESS **1401 NW 80TH AVENUE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ Delete
NAME **LAMBIE, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT-DIRECTOR** ☒ Change ☐ Addition
NAME **SELVYN GOODEN**
STREET ADDRESS **22568 SAWFISH TERRACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VP, T.** ☒ Change ☐ Addition
NAME **COLLEEN GOODEN**
STREET ADDRESS **22568 SAWFISH TERRACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **D** ☒ Change ☐ Addition
NAME **SHERINE LAMBIE**
STREET ADDRESS **7737 HABOUR BLVD**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ Change ☒ Addition
NAME **Donald SHAW**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D.** ☐ Change ☒ Addition
NAME **Gloria Dailey**
STREET ADDRESS **2944 RIVER SIDE DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

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:

SIGNATURE

SELVYN GOODEN

2-3-03 561-479-0969

CR2E037 (10/02)