

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 003 ****61.25

DOCUMENT # N99000001918

1. Entity Name
DAYBREAK BAPTIST FELLOWSHIP, INC.



Principal Place of Business
1136 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909

Mailing Address
4217 SE 8TH AVE.
CAPE CORAL, FL 33904

50023148



2. Principal Place of Business

3. Mailing Address

1136 NE PINE ISLAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-NP

CR2E037 (10/03)

City & State

City & State

CAPE CORAL, FL

4. FEI Number

65-0903684

Applied For

Not Applicable

Zip

Country

Zip

Country

33909

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAITE, ROBERT C
4217 S.E. 8TH AVE.
CAPE CORAL, FL 33904

Name

Albert Cole

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

5551 LUCKETT RD. B-20

City

FT. MYERS

FL

Zip Code

33905

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

Albert Cole

3-3-05

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 May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TT
NAME WAITE, ROBERT C
STREET ADDRESS 4217 SE 8TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33904

☒ Delete

TITLE TRUSTEE
NAME CHARLES CANTIENY
STREET ADDRESS 1214 SW 9th CT
CITY-ST-ZIP CAPE CORAL, FL 33991

☐ Change

☒ Addition

TITLE T
NAME COLE, ALBERT
STREET ADDRESS 5353 COBALT COURT
CITY-ST-ZIP CAPE CORAL, FL 33904

☐ Delete

TITLE TRUSTEE
NAME MARK BEAVERSON
STREET ADDRESS 629 SW 21 LANE
CITY-ST-ZIP CAPE CORAL, FL 33991

☐ Change

☒ Addition

TITLE T
NAME SELLERS, DAVID
STREET ADDRESS 1828 SE VAN LOON TER.
CITY-ST-ZIP CAPE CORAL, FL 33950

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Albert Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 573-9009
3-3-05