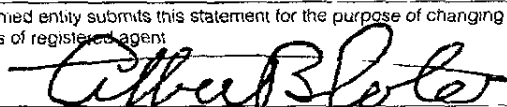
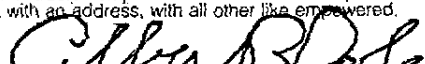


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001918 1. Entity Name DAYBREAK BAPTIST FELLOWSHIP, INC.					
Principal Place of Business 1136 NE PINE ISLAND ROAD CAPE CORAL FL 33909			Mailing Address 1136 NE PINE ISLAND RD CAPE CORAL FL 33909		
2. Principal Place of Business Suite, Apt. #, etc. Suite 50 City & State		3. Mailing Address Suite, Apt. #, etc. City & State		4. FEI Number 65-0903684	
Zip Country		Zip Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, ALBERT 5551 LUCKETT RD B-20 FORT MYERS FL 33905				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  3-12-2006 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing this statement)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T CANTIENY, CHARLES 1214 SW 9TH CT CAPE CORAL FL 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000470183 03/28/06-80004-011 70.00 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, ALBERT 5353 COBALT COURT CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAVERSON, MARK 829 SW 21 LANE CAPE CORAL FL 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **3-12-2006**