


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State


DOCUMENT # N99000001918

1. Entity Name
DAYBREAK BAPTIST FELLOWSHIP, INC.



Principal Place of Business 1136 NE PINE ISLAND ROAD SUITE 50 CAPE CORAL, FL 33909	Mailing Address 1136 NE PINE ISLAND RD SUITE 50 CAPE CORAL, FL 33909
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0903684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLE, ALBERT
5551 LUCKETT RD
B-20
FORT MYERS, FL 33905

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000876086 04/11/08-80059-014 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTIENY, CHARLES 1214 SW 9TH CT CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, ALBERT 5353 COBALT COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAVERSON, MARK 629 SW 21 LANE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **03/14/08 (239) 823-7904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALBERT COLE** Date Daytime Phone #