## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001918

FILED Apr 26, 2009 Secretary of State

Entity Name: DAYBREAK BAPTIST FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

1136 NE PINE ISLAND ROAD SUITE 50 CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

1136 NE PINE ISLAND RD SUITE 50 CAPE CORAL, FL 33909

FEI Number: 65-0903684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLE, ALBERT
5551 LUCKETT RD
407 SE 31ST TR
B-20
CAPE CORAL, FL 33904 U

B-20 CAPE CORAL, FL 33904 US FORT MYERS, FL 33905 US

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.

SIGNATURE: SCOTT D ANDERSON 04/26/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CANTIENY, CHARLES
 Name:

 Address:
 1214 SW 9TH CT
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33991
 City-St-Zip:

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: COLE, ALBERT Name: ANDERSON, SCOTT D

 Name
 Colle, ALBERT
 Name
 ANDERSON, SCOTT D

 Address:
 5353 COBALT COURT
 Address:
 407 SE 31ST TR

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BEAVERSON, MARK
 Name:

 Address:
 629 SW 21 LANE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33991
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT D ANDERSON T 04/26/2009