

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005400

Entity Name: DAY OF RESTORATION, INC.**Current Principal Place of Business:**2108 TARPON LAKE WAY
WEST PALM BEACH, FL 33411**Current Mailing Address:**2108 TARPON LAKE WAY
WEST PALM BEACH, FL 33411 US**FEI Number:** 65-0651222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAASS, MICHAEL G
2108 TARPON LAKE WAY
WEST PALM BEACH, FL 33411 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:** MICHAEL MAASS

05/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCD
Name MAASS, MICHAEL G
Address 2108 TARPON LAKE WAY
City-State-Zip: WEST PALM BEACH FL 33411

Title SECRETARY, DIRECTOR
Name MESKYTE, MONIKA
Address 600 S. DIXIE HWY
APT. 703
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name OWEN, KURT
Address 10380 SW VILLAGE CENTER DR.
APT. #185
City-State-Zip: PORT ST. LUCIE FL 34987

Title VP, TREASURER, DIRECTOR
Name MAASS, FAUSTA
Address 2108 TARPON LAKE WAY
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name RICKS, CHARLES
Address 2831 NW 115TH TERRACE
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name OWEN, TERRY
Address 10380 SW VILLAGE CENTER DR.
APT. #185
City-State-Zip: PORT ST. LUCIE FL 34987

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL G MAASS

PRESIDENT

05/10/2023

Electronic Signature of Signing Officer/Director Detail

Date