

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90012 009 ****61.25

DOCUMENT # N00000003190					
1. Entity Name THE PENSACOLA RESTORATION BRANCH OF THE REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS,					
Principal Place of Business 1025 FLEMING DRIVE PENSACOLA, FL 32514			Mailing Address 1025 FLEMING DRIVE PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address		44010942	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILMORE, A. DALE 1025 FLEMING DRIVE PENSACOLA, FL 32514				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD	NAME GILMORE, DALE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1025 FLEMING DRIVE	CITY-ST-ZIP PENSACOLA, FL 32514		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME PAROBY, CARMEN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5659 TWIN CREEK CIRCLE	CITY-ST-ZIP PACE, FL 32571		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME MANNING, SUE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10413 PINE HILL TERRACE	CITY-ST-ZIP PENSACOLA, FL 32514		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME GILMORE, ALTON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 500 RODNEY ST	CITY-ST-ZIP PENSACOLA, FL 32534		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME CALHOUN, DELPHA G	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5904 CASTLE DRIVE	CITY-ST-ZIP MILTON, FL 32570		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME FREDRICKSON, ONELIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 611 LAURA STREET	CITY-ST-ZIP PENSACOLA, FL 32534		STREET ADDRESS	CITY-ST-ZIP	
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: A. DALE GILMORE <i>A. Dale Gilmore</i>			1-18-04 850-968-0160		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		