2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# N00000003190

Entity Name: THE PENSACOLA RESTORATION BRANCH OF THE REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS, INC.

Current Principal Place of Business:

1025 FLEMING DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1025 FLEMING DRIVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMORE, A. DALE
1025 FLEMING DRIVE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GILMORE, DALE
Address: 1025 FLEMING DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: SD ( ) Delete
Name: PAROBY, CARMEN
Address: 5659 TWIN CREEK CIRCLE
City-St-Zip: PACE, FL 32571

Title: TD (X) Delete
Name: MANNING, SUSAN G
Address: 10413 PINE HILL TERRACE
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: GILMORE, ALTON
Address: 500 RODNEY ST
City-St-Zip: PENSACOLA, FL 32534

Title: D (X) Delete
Name: MANNING, RANDY L
Address: 10413 PINE HILL TERRACE
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: FREDRICKSON, ONELIA
Address: 611 LAURA STREET
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PAROBY, CARMEN
Address: 5659 TWIN CREEK CIRCLE
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEN PAROBY TD 01/29/2005

Electronic Signature of Signing Officer or Director — Date