

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003834

1. Entity Name
**DAYTONA BEACH PARANORMAL RESEARCH GROUP,
INC.**



Principal Place of Business
1202 DENECEE TERR.
HOLLY HILL, FL 32117

Mailing Address
1202 DENECEE TERR.
HOLLY HILL, FL 32117



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0011237	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DORIS E
1202 DENECEE TERR.
HOLLY HILL, FL 32117

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, DORIS E
STREET ADDRESS	1202 DENECEE TERR.
CITY - ST - ZIP	HOLLY HILL, FL 32117

TITLE	D
NAME	DYNDA, SUSAN
STREET ADDRESS	1202 DENECEE TERR.
CITY - ST - ZIP	HOLLY HILL, FL 32117

TITLE	D
NAME	SMITH, ROSALIND
STREET ADDRESS	1202 DENECEE TERR.
CITY - ST - ZIP	HOLLY HILL, FL 32117

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000013872
01/26/04-80071-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Doris E. Smith **Doris E. Smith**

01-23-04

386-253-6034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #