

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48785

Entity Name: DAYTONA RESCUE MISSION, INC.

FILED  
May 07, 2004  
Secretary of State

**Current Principal Place of Business:**

425 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2628  
DAYTONA BEACH, FL 32115 US

**New Mailing Address:**

FEI Number: 59-3127109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VARGA, GABRIEL J  
1226 GAMBLE PLACE  
DAYTONA BEACH, FL 32118 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: PTD ( ) Delete  
Name: VARGA, GABRIEL J,  
Address: 1226 GAMBLE PLACE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD ( ) Delete  
Name: FARRIS, EVERETT R  
Address: 4981 78TH AVE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD ( ) Delete  
Name: NEAL, TOM  
Address: 4459 HIGHWAY 17 SOUTH  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: VARGA, GABRIEL J PASTOR  
Address: 1226 GAMBLE PLACE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD (X) Change ( ) Addition  
Name: FARRIS, EVERETT R PASTOR  
Address: 4981 78TH AVE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D (X) Change ( ) Addition  
Name: NEAL, TOM PASTOR  
Address: 4459 HIGHWAY 17 SOUTH  
City-St-Zip: ORANGE PARK, FL 32073

Title: SD ( ) Change (X) Addition  
Name: RHODES, MARK PASTOR  
Address: 4300 WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32935

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: GABRIEL J VARGA

PD

05/07/2004

Electronic Signature of Signing Officer or Director

Date