

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48785

FILED
Jan 14, 2009
Secretary of State

Entity Name: DAYTONA RESCUE MISSION, INC.

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 PASTOR
Address: 1226 GAMBLE PLACE
City-St-Zip: DAYTONA BEACH, FL 32118

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

Title: D () Delete
Name: RHODES, MARK PASTOR
Address: 4300 WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: PRUITT, JOHNNY L PASTOR
Address: 1636 CORDOVA AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date