

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000108

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** MEMORIAL SOCIETY OF GREATER DAYTONA BEACH INC.

**Current Principal Place of Business:**

3 SANTA LUCIA AVENUE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

3 SANTA LUCIA AVENUE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3537838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWERS, JIM  
3 SANTA LUCIA AVENUE  
ORMOND BEACH, FL 32174 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: D ( ) Delete  
Name: POWERS, JIM  
Address: 3 SANTA LUCIA AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: POWERS, JEAN  
Address: 11382 NE 36 PL #B134  
City-St-Zip: BELLEVUE, WA 98004

Title: T ( ) Delete  
Name: LEITHE, JUDY  
Address: 8945 SE 56TH ST  
City-St-Zip: MERCER ISLAND, WA 98040

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

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

Title: T (X) Change ( ) Addition  
Name: POWERS, JEAN  
Address: 2801 AVERY DR. #D-21  
City-St-Zip: BELLEVUE, WA 98004

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: JIM POWERS

DIR.

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date