2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004753

1. Entity Name
THE DAYTONA BEACH RESTORATION BRANCH OF THE REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY SAI

Principal Place of Business	Mailing Address
1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724	1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3341965
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILMORE, DANIEL C
1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	GILMORE, DANIEL C
STREET ADDRESS	1516 ROCKWELL HEIGHTS DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	TD
NAME	GILMORE, ARLENE V
STREET ADDRESS	1516 ROCKWELL HEIGHTS DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	SD
NAME	LARSON, DOROTHY
STREET ADDRESS	737 INDIAN HILL DR.
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-90007-006 61.25

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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: Arlene V. Gilmore ARLENE V. GILMORE TD 1-20-04 (386)738-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #