

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 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 SA**



Principal Place of Business

**1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724**

Mailing Address

**1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724**



01242005 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2005**

**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**

**U000000204242
01/29/05-80062-002 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:

DANIEL C. GILMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/05

Date

(386) 738-0904

Daytime Phone #