


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 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	
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Principal Place of Business
1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724

Mailing Address
1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3341965	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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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, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, DANIEL C 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMORE, ARLENE V 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSON, DOROTHY 737 INDIAN HILL DR. PORT ORANGE, FL 32119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/07-80049-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:


SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/07
Date

386.738.0904
Daytime Phone #