

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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 SAINTS**



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

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



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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

02/12/2008

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000838590
03/05/08-80037-018 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2008
Date

386-738-0904
Daytime Phone #