


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-03-2003 90493 014 ****61.25

DOCUMENT # N00000006779

1. Entity Name
FAMILY RESTORATION, INC.



Principal Place of Business
**4600 W CYPRESS ST. STE 465
TAMPA FL 33607**

Mailing Address
**4600 W CYPRESS ST. STE 465
TAMPA FL 33607**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3695167**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

INGLIS, JOHN S
101 EAST KENNEDY BLVD. STE 2800
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR-WALLER, JUDITH E	
STREET ADDRESS	903 S DELWARE AVE	
CITY-ST-ZIP	TAMPA FL 33608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, FRED	
STREET ADDRESS	1205 ORCHID AVENUE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, CHERYL	
STREET ADDRESS	1205 ORCHID AVENUE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARMORE, PATRICK	
STREET ADDRESS	15 N JUPITER AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EGAN, JOHN F	
STREET ADDRESS	2584 NORTHFIELD LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, DONALD L	
STREET ADDRESS	3805 CLIFFDALE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Pariseau	
STREET ADDRESS	807 South Newport	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosa Lee Williams	
STREET ADDRESS	1935 Pauldo Street	
CITY-ST-ZIP	Ft. Myers, FL 33916	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JUDITH TAYLOR-WALLER** *Judith Taylor-Waller* 2/3/03 (813)281-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)