

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006779

Entity Name: FAMILY RESTORATION, INC.

FILED
Feb 19, 2004
Secretary of State

Current Principal Place of Business:

4600 W CYPRESS ST, STE 465
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4600 W CYPRESS ST, STE 465
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3695167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARISEAU, ROB
Address: 807 SOUTH NEWPORT
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: WILLIAMS, ROSA LEE
Address: 1935 PAULDO STREET
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: DIXON, DONALD L
Address: 3805 CLIFFDALE DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD DIXON

D

02/19/2004

Electronic Signature of Signing Officer or Director

Date