

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

3. Mailing Address

Suite, Apt. #, etc.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **TAYLOR-WALLER, JUDITH E**
STREET ADDRESS **903 S DELWARE AVE**
CITY-ST-ZIP **TAMPA FL 33608**

TITLE **D** ☐ Change ☒ Addition
NAME **Rob Pariseau**
STREET ADDRESS **807 South Newport**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☒ Delete
NAME **THOMAS, FRED**
STREET ADDRESS **1205 ORCHID AVENUE**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **D** ☐ Change ☒ Addition
NAME **Rosa Lee Williams**
STREET ADDRESS **1935 Pauldo Street**
CITY-ST-ZIP **Ft. Myers, FL 33916**

TITLE **DS** ☒ Delete
NAME **THOMAS, CHERYL**
STREET ADDRESS **1205 ORCHID AVENUE**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BARMORE, PATRICK**
STREET ADDRESS **15 N JUPITER AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **EGAN, JOHN F**
STREET ADDRESS **2584 NORTHFIELD LANE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIXON, DONALD L**
STREET ADDRESS **3805 CLIFFDALE DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Taylor-Waller 2/3/03 (813)281-0123

Date

Daytime Phone #

CR2E037 (10/02)