2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# N95000000526

Entity Name: MARRIAGE & FAMILY MATTERS, INC.

Current Principal Place of Business:

1332 WEST COLONIAL DRIVE
ATTN: L. NEILSON
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 547638
ORLANDO, FL 32854

New Mailing Address:

FEI Number: 59-3292756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINGSWORTH, J.B.
1332 WEST COLONIAL DRIVE
ORLANDO, FL 32804 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: J. B. COLLINGSWORTH
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LARSON, MICHAEL
Address: 2003 CASPIAN LANE
City-St-Zip: COLLEYVILLE, TX 760347307

Title: D ( ) Delete
Name: POPE, ROGERS JR.
Address: 5 DAISY COURT
City-St-Zip: LONGVIEW, TX 75604

Title: D ( ) Delete
Name: ED, TERRILL
Address: 7603 JEFFERSON CIRCLE
City-St-Zip: COLLEYVILLE, TX 76034

Title: VP ( ) Delete
Name: COLLINGSWORTH, ANNE L
Address: 4103 SOUTHWOOD WEST
City-St-Zip: COLLEYVILLE, TX 76034

Title: P ( ) Delete
Name: COLLINGSWORTH, J.B.
Address: 4103 SOUTH WOOD WEST
City-St-Zip: COLLEYVILLE, TX 76034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: STANFORD, JAMES
Address: 1400 OAK KNOLL DRIVE
City-St-Zip: COLLEYVILLE, TX 76034

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: J. B. COLLINGSWORTH PRES 10/11/2005
Electronic Signature of Signing Officer or Director — Date