

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90157 018 \*\*\*\*70.00

DOCUMENT # 196000000524

1. Entity Name

Family Restoration Min. Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2511 N. Grady Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2662

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

City & State

Valrico Florida

4. FEI Number

59-3364962

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Vincent Callahan

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

2511 N. Grady Ave

City

Tampa

FL

Zip Code

33607

**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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-23-02

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Callahan Ga. I, E. DT 4317 Culbreath RD Valrico FL 33594	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Callahan Paul M DS 3301 Holiday Ave Apopka FL 32703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Callahan Paul V DP 4317 Culbreath RD Valrico FL 33594	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 813-760-9236

CR2E037B (12/01)