2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N96000000524

Entity Name: FAMILY RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

3301 HOLIDAY AVENUE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

208 SOUTH PETERSON AVENUE
SUITE 203
DOUGLAS, GA 31533 US

New Mailing Address:

FEI Number: 59-3364962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CALLAHAN, PAUL V
3301 HOLIDAY AVENUE
APOPKA, FL 32703 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: DP ( ) Delete
Name: CALLAHAN, PAUL V
Address: 2220 DOUGLAS BROXTON HWY
City-St-Zip: DOUGLAS, GA 31533

Title: DS ( ) Delete
Name: CALLAHAN, PAUL M
Address: 3301 HOLLIDAY AVENUE
City-St-Zip: APOPKA, FL 32703

Title: DT ( ) Delete
Name: CALLAHAN, GAIL E
Address: 2220 DOUGLAS BROXTON HWY
City-St-Zip: DOUGLAS, GA 31533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition
Name: DUNSMORE, LISA
Address: 703 COULTER PLACE
City-St-Zip: BRANDON, FL 33511

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: PAUL V CALLAHAN DP 05/05/2005

Electronic Signature of Signing Officer or Director — Date