

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000524

FILED  
May 24, 2006  
Secretary of State

**Entity Name:** FAMILY RESTORATION MINISTRIES, INC.

**Current Principal Place of Business:**

3301 HOLIDAY AVENUE  
APOPKA, FL 32703 US

**New Principal Place of Business:**

208 SOUTH PETERSON AVE  
SUITE 203  
DOUGLAS, GA 31533 US

**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:**

**Name and Address of New Registered Agent:**

CALLAHAN, PAUL V  
3301 HOLIDAY AVENUE  
APOPKA, FL 32703 US

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: DUNSMORE, LISA  
Address: 703 COULTER PLACE  
City-St-Zip: BRANDON, FL 33511

**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 Chapter 119, 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 VINCENT CALLAHAN

PRES

05/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date