

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

DOCUMENT # N99000004166

1. Entity Name

FLORIDA FAMILY RESTORATION CENTER

210208829589

FILED

02 OCT 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 FAULKNER STREET

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1011

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

FLORIDA New Smyrna

Zip

Country

Zip

Country

32168

VOLUSIA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01-02

4. FEI Number

31-1646888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM M SHARP - EXECUTIVE DIRECTOR

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

525 WILLIAMS RD

City

NEW SMYRNA BEACH

FL

Zip Code

32168

**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)

10-7-02

DATE

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	D BOARD MEMBER BOB COLE 1854 EXMORE AVE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGER REMILLARD BOARD MEMBER 2095 SWAN DR DAYTONA BEACH, 32124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SHIRLEY LAWLESS SECRETARY / TREAS. 1015 TENTH ST NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100008681571 10/29/02--01151--020 **306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXECUTIVE DIRECTOR WILLIAM M. SHARP 525 WILLIAMS RD NEW SMYRNA BEACH 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE

10/07-02

386-427-1174

CR2E037B (12/01)