

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006885

FILED
Apr 20, 2004
Secretary of State

Entity Name: FAMILIES OF MISSING LOVED ONES, INC.

Current Principal Place of Business:

6004 TERRY RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

PO BOX 55081
JACKSONVILLE, FL 32216 US

Current Mailing Address:

6004 TERRY RD
JACKSONVILLE, FL 32216

New Mailing Address:

PO BOX 55081
JACKSONVILLE, FL 32216 US

FEI Number: 59-3749530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORBES, JOHN R
8825 PERIMETER PARK BOULEVARD
SUITE 102
JACKSONVILLE, FL 32216 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: D () Delete
Name: RICE, LINDA S
Address: 2704 RANDY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SMITH, VICKI GARY
Address: 213 GREENCREST DRIVE
City-St-Zip: PONTE FEDRA BEACH, FL 32082

Title: D () Delete
Name: WILSON, VANISSIA
Address: 8492 CREEKSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32063

Title: D () Delete
Name: ROWAN, MARGARET
Address: 4435 MAJESTIC BLUFF DR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ROWAN, CAROLINE
Address: 4461 CHASEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: POWELL, CHRISTA
Address: 7017 SHARRON RD
City-St-Zip: JACKSONVILLE, FL 32202

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:

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: LINDA S RICE

D

04/20/2004

Electronic Signature of Signing Officer or Director

Date

DIRECTOR GEORGIA DAVIS
14615 MANDARIN ROAD
JACKSONVILLE, FL 32223

DIRECTOR CHARLENE SHIRK
1070 E ADAMS STREET
JACKSONVILLE, FL 32202

DIRECTOR LARRY FREEMAN
13259 HUGENOT LANE
JACKSONVILLE, FL 32225

DIRECTOR JOE WARYOLD
735 E BAY STREET
JACKSONVILLE, FL 32202

DIRECTOR JERRY CONTE
15447 CAPE DRIVE S
JACKSONVILLE, FL 32226

DIRECTOR MICHAEL COOK
4446 MAJECTIC BLUFF DRIVE S
JACKSONVILLE, FL 32225

DIRECTOR FRANK MACKESY
501 E BAY ST
JACKSONVILLE, FL 32202