

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006885

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** FAMILIES OF MISSING LOVED ONES, INC.

**Current Principal Place of Business:**

PO BOX 55081  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 55081  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**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

PRES

04/28/2005

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

\_\_\_\_\_  
Date