

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90065 010 \*\*\*\*61.25

**DOCUMENT # N01000006885**

1. Entity Name

**FAMILIES OF MISSING LOVED ONES, INC.**



Principal Place of Business

**6004 TERRY RD  
JACKSONVILLE FL 32216**

Mailing Address

**6004 TERRY RD  
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3749530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORBES, JOHN R  
8825 PERIMETER PARK BOULEVARD  
SUITE 102  
JACKSONVILLE FL 32216**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **RICE, LINDA S**  
STREET ADDRESS **2704 RANDY ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRANK MACKESY**  
STREET ADDRESS **501 E BAY ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete  
NAME **SMITH, VICKI GARY**  
STREET ADDRESS **213 GREENCREST DRIVE**  
CITY-ST-ZIP **PONTE FEDRA BEACH FL 32082**

TITLE **D** ☐ Change ☒ Addition  
NAME **MICHAEL COOK**  
STREET ADDRESS **4446 MAJESTIC BLUFF DRIVE S.**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete  
NAME **WILSON, VANISSIA**  
STREET ADDRESS **8492 CREEKSIDE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32063**

TITLE **D** ☐ Change ☒ Addition  
NAME **JERRY CANTE**  
STREET ADDRESS **15447 CAPE DRIVE S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **D** ☐ Delete  
NAME **ROWAN, MARGARET**  
STREET ADDRESS **4435 MAJESTIC BLUFF DR S**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROWAN, CAROLINE**  
STREET ADDRESS **4461 CHASEWOOD DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **POWELL, CHRISTA**  
STREET ADDRESS **7017 SHARRON RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Linda S. Rice**

**4-21-03**

**904-731-4666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)