

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009563

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** RELATIONS OF INMATES SUPPORTING EACH-OTHER INC.

**Current Principal Place of Business:**

413 W IMOGENE ST  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

413 W IMOGENE ST  
ARCADIA, FL 34266 US

**New Mailing Address:**

**FEI Number:** 37-3275872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KENDRICK, CANDY F  
415 W IMOGENE ST  
ARCADIA, FL 34266 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:** PRES  
**Name:** KENDRICK, CANDY F  
**Address:** 415 W IMOGENE ST  
**City-St-Zip:** ARCADIA, FL 34266

**Title:** VP  
**Name:** MORGAN-DAVIS, DEBORAH  
**Address:** 1159 MARTY LN.  
**City-St-Zip:** BARTOW, FL 33838

**Title:** TR  
**Name:** PIKE, PENNY A  
**Address:** 1165 LOVELAND BLVD  
**City-St-Zip:** PUNTA GORDA, FL 33980

**Title:** SECR  
**Name:** BROOKES, CONNIE  
**Address:** 800 59TH AVE NE  
**City-St-Zip:** ST PETERSBURG, FL 33703

I hereby 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 all other like empowered.

**SIGNATURE:** CANDY F. KENDRICK

PRES

02/16/2011

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

\_\_\_\_\_  
Date