## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N95000005423 (7)

FAMILIES WITH LOVED ONES IN PRISON, INC.

ATTICL	0 1111111 20120 01120 1111				
Principal Place o	f Business	Mailing Address		I TO BUILDING THE COURT DAVIS OF HER	BOLIN ANITO SENSI MILIN MININ 11000 LILL 1951
710 FLANDERS AVE. DAYTONA BEACH FL 32114		710 FLANDERS AVE. Daytona Beach FL 3211	4		
				3. Date Incorporated or Qualified 11/15/1995	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Jumber 54 - 33+ 46	Applied For Not Applicable
21 F.L.	- ). <i>P</i> , etc. <i>u</i>	26 F. L. J. F. Suite, Apt. #, etc.		37-107 70	\$8.75 Additional
Suite, Apt. #,	ELANDERS AN	C 27 710 FLAND	SRS ANE	5. Certificate of Status Desired	Fee Required
0 0 01-1-		City & State		6. Election Campaign Financing	\$5.00 May Be
23 DAYT	COUNTY COUNTY	28 DAYTONAS	EACh, Fi-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tak under s. 199.032, ☐ Yes ☑ No
24 32/14	9 Name and Address of Curren	29 32//4 3	o Vo L	Florida Statutes L  10. Name and Address of New R	
<u> </u>	9. Name and Address of Curren	r Negistered Agent	81 Name	41 .	
			NH	PERSON, NA	DINE B.
ANDERSON, NADINE B				ress (P.O. Box Number is Not Acceptable FLANDES	AVE.
710 FLANDERS AVE.			83	TIBUNERS	1118.
DAYION	A BEACH FL 32114		84 City	FUHN DEN	85 Zip Code
•			1121	YTOWA BEACH	FL    32114
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above named corpo	oration submits this statement for the purard of directors. I hereby accept the app	rpose of changing its registered office
	ed agent, or both, in the State of Florida h, and accept the obligations of, Sect		by the corporation's box	ard of directors. Thereby accept the app	Official as registered against a
	n, and booost the congenies				
SIGNATURE _	Signature, typed or printed name of registered agent		Registered Agent signature requir	red when reinstating'	DATE FIGERS AND DIRECTORS IN 12
12.	OFFICERS AN		13.		Change Addition
TITLE	DP	DELETE	1.2 NAME	j	
NAME	ANDERSON, NADINE B		1.3 STREET ADDRESS		
STREET ADDRESS	710 FLANDERS AVE.		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	DAYTONA BEACH FL 32114	DELETE	2 1 TITLE		Change Addition
TITLE NAME	dvt Currie, anna	_	2.2 NAME		
STREET ADDRESS	610 NORTHERN RD., #103		2 3 STREET ADDRESS		
CITY-SI-ZIP	SOUTH DAYTONA FL 32119		2 4 CITY-ST-#P		
TITLE	DS	DELETE	3 1 TITLE		Change Addition
NAME	WARD, TRISHA		3.2 NAME		
STREET ADDRESS	610 NORTHERN RD., #103		3.3 STREET ADDRESS		
CiTY-ST-ZiP	SOUTH DAYTONA FL 32119	F lancer	3 4. CITY - S1 - ZIF		Change Addition
TITLE		DELETE	4 1 TITLE		
NAME			4. 2 NAME		وسدو ومسو يسمو يسدر
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	8000018 	USBSS 000_000
CITY-ST-ZIP		DELETE	5.1 TITLE		Change Addition
TITLE		<b></b>	5.2 NAME	***61.25	
NAME			5 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME	l 		6.2 NAME		74,5
CTOFFT ADDRESS			6 3 STREET ADDRESS		· 4.7

CITY-S1-ZIP

14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

788-74-25 Daytime Phone # CR2E037 (12/95)