

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # N95000005423 (7)

1. Corporation Name

FAMILIES WITH LOVED ONES IN PRISON, INC.



Principal Place of Business Mailing Address  
F.L.P. F.L.P.  
710 FLANDERS AVE. 710 FLANDERS AVE.  
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-2024

3. Date Incorporated or Qualified 11/15/1995 3a. Date of Last Report 05/02/1996  
4. FEI Number 59-3344631 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, NADINE B  
710 FLANDERS AVE.  
DAYTONA BEACH FL 32114

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	ANDERSON, NADINE B	710 FLANDERS AVE.	DAYTONA BEACH FL 32114	<input type="checkbox"/>
DVT	CURRIE, ANNA	610 NORTHERN RD., #103	SOUTH DAYTONA FL 32119	<input checked="" type="checkbox"/>
DS	WARD, TRISHA	610 NORTHERN RD., #103	SOUTH DAYTONA FL 32119	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DVS	WARD, TRISHA	8401 NW 13TH ST, LOT 123	GAINESVILLE, FL 32653	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OT	ROATE, RUTH	216 ROGERS CT.	HELIX HILL, FL 32117	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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:

Nadine B Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (904) 2548453

Date

Daytime Phone #0001964

CR2E037 (9/96)