

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90142 024 \*\*\*\*61.25

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1. Corporation Name

FAMILIES WITH LOVED ONES IN PRISON, INC.

Principal Place of Business

F.L.P.  
710 FLANDERS AVE.  
DAYTONA BEACH FL 32114

Mailing Address

F.L.P.  
710 FLANDERS AVE.  
DAYTONA BEACH FL 32114



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/15/1995

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.1508, 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 DP  
NAME ANDERSON, NADINE B  
STREET ADDRESS 710 FLANDERS AVE.  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☒ DELETE

TITLE ED  
NAME ANDERSON, NADINE  
STREET ADDRESS 710 FLANDERS AVE  
CITY-ST-ZIP DAYTONA BCH FL 32114 ☒ DELETE

TITLE DPT  
NAME CURRIE, ANNA  
STREET ADDRESS 610 NORTHREN RD  
CITY-ST-ZIP S DAYTONA FL 32119 ☒ DELETE

TITLE DS  
NAME SMALLS, ARLENE  
STREET ADDRESS 714 FLANDERS AVE  
CITY-ST-ZIP DAYTONA BCH FL 32114 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Executive Director - E.D. ☒ Change ☐ Addition  
1.2 NAME Nadine B. Anderson  
1.3 STREET ADDRESS 710 Flander Avenue  
1.4 CITY-ST-ZIP Daytona Beach, FL 32114

2.1 TITLE Asst Director - M ☒ Change ☐ Addition  
2.2 NAME CRISSE CARTER  
2.3 STREET ADDRESS 1200 County Road 830  
2.4 CITY-ST-ZIP Felida, Florida 33930

3.1 TITLE Treasire ☒ Change ☐ Addition  
3.2 NAME Arlene SmallS  
3.3 STREET ADDRESS 714 FLANDERS Avenue  
3.4 CITY-ST-ZIP Day. Bch Florida 32114

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

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

3-30-99 904  
254-8453  
Date Daytime Phone #

CR2E037 (11/98)