

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005423

FILED  
Mar 12, 2007  
Secretary of State

**Entity Name:** FAMILIES WITH LOVED ONES IN PRISON, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3344631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, NADINE B  
710 FLANDERS AVE.  
DAYTONA BEACH, FL 32114 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: ED ( ) Delete  
Name: ANDERSON, NADINE B  
Address: 710 FLANDERS AVE.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: SMALLS, ARLENE  
Address: 714 FLANDERS AVE  
City-St-Zip: DAYTONA BCH, FL 32114

Title: DM ( ) Delete  
Name: CARTER, CRISSIE  
Address: 1200 COUNTRY RD #830  
City-St-Zip: FELDA, FL 33930

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NADINE B. ANDERSON

ED

03/12/2007

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

\_\_\_\_\_  
Date