2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N95000005423

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: T (X) Change ( ) Addition
Name: SMALLS, ALENE
Address: 714 FLANDERS AVE
City-St-Zip: DAYTONA BCH, FL 32114

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

I hereby certify that the information supplied with this filing does not qualify 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 05/04/2009

Electronic Signature of Signing Officer or Director — Date