FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
[illegible] 11 [illegible] 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764108 (7)

1. Corporation Name
MISSING CHILDREN...HELP CENTER, INC.

Principal Place of Business
410 WARE BLVD.
SUITE 400
TAMPA FL 33619

Mailing Address
410 WARE BLVD
SUITE 400
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1982
3a. Date of Last Report: 06/08/1994
4. FEI Number: 59-2214095 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
MERRILL, THELMA R.
7207 HANCOCK STREET
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent
81 Name: DI NOVA, IVANA
82 Street Address (P.O. Box Number is Not Acceptable): 809 ROLLING WOOD LANE
83
84 City: VALRICO FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ivana Di Novo — May 4, 1995 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EISELE, JOSEPH S
STREET ADDRESS	810 PRANGE DR.
CITY ST ZIP	FT. WAYNE IN
TITLE	VPD
NAME	TAYLOR, JERRY L
STREET ADDRESS	1501 BADGLEY RD.
CITY ST ZIP	JACKSON MI
TITLE	AT
NAME	HAGEN, GERALDINE
STREET ADDRESS	3116 PAMEL WAY
CITY ST ZIP	LOUISVILLE KY
TITLE	STD
NAME	CRARY, BYRON R.,
STREET ADDRESS	P.O. BOX 1427 N/A
CITY ST ZIP	JACKSON MI 49204-1427
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks, each: TITLE / NAME / STREET ADDRESS / CITY ST ZIP, with ☐ Change ☐ Addition)

14. I 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 the 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: By: [signature] Secretary-Treasurer — (517) 764-6070 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Byron R. Crary

0054596