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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764108** (7)

1. Corporation Name

MISSING CHILDREN...HELP CENTER, INC.

Principal Place of Business

Mailing Address

410 WARE BLVD.
SUITE 400
TAMPA FL 33610

410 WARE BLVD.
SUITE 400
TAMPA FL 33610

3. Date Incorporated or Qualified

07/09/1982

4. FEI Number

59-2214095

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DI NOVA, IVANA
809 ROLLING WOOD LANE
VALRICO FL 33594

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EISELE, JOSEPH S
STREET ADDRESS 810 PRANGE DR.
CITY-ST-ZIP FT. WAYNE IN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME TAYLOR, JERRY L
STREET ADDRESS 1501 BADGLEY RD.
CITY-ST-ZIP JACKSON MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AT
NAME HAGEN, GERALDINE
STREET ADDRESS 3116 PAMEL WAY
CITY-ST-ZIP LOUISVILLE KY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD
NAME CRARY, BYRON R.,
STREET ADDRESS P.O. BOX 1427 N/A
CITY-ST-ZIP JACKSON MI 49204-1427

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

TITLE AS
NAME ORDWAY, JUDITH A
STREET ADDRESS 2309 KENILWORTH
CITY-ST-ZIP JACKSON MI

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

TITLE AT
NAME SMITH, ROSEMARY
STREET ADDRESS 7321 LAGRANGE RD, STE. 211
CITY-ST-ZIP LOUISVILLE KY

6.1 TITLE
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 as an attachment with an address.

SIGNATURE:

Sec./Treas. April 28, 1998

CR2E037 (10/97)