

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90066 034 ****61.25

DOCUMENT # F93000004800

1. Entity Name

MISSING CHILDREN ALERT PROGRAM, INC.

Principal Place of Business

**WESTERN AVE.
 #535
 WEST BOOTHBAY HARBOR ME 04575**

Mailing Address

**P.O. BOX 3745
 ST. AUGUSTINE FL 32095**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0483770

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DASHER, JOANN
 3145 COASTAL HWY #1126
 ST AUGUSTINE FL 32095**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD HARMES, CHESTER L**
 STREET ADDRESS **WESTERN AVE., P.O. BOX 525 B**
 CITY-ST-ZIP **WEST BOOTHBAY HARBOR ME**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SALIBA, JUDITH**
 STREET ADDRESS **1975 SW IMPORT.DR**
 CITY-ST-ZIP **PT ST LUCIE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ASD SCOTT, SUSAN**
 STREET ADDRESS **1104 WEIGHTMAN ST**
 CITY-ST-ZIP **GREENWOOD MS**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HARMES, CHESTER L**
 STREET ADDRESS **WESTERN AVE., P.O. BOX 525 B**
 CITY-ST-ZIP **WEST BOOTHBAY HARBOR ME**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD DRASHER, JOANN**
 STREET ADDRESS **3145 COASTAL HWY #1126**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Director NICOLINA HYATT**
 STREET ADDRESS **236 LAKE DORA DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann Drasher* **JOANN DRASHER**

2/20/01

904-829-2461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/00)