


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F93300004800 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			
Zip		Country		Zip	
Country		Country		Country	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARMES, CHESTER L		NAME	U00000035594	
STREET ADDRESS	WESTERN AVE., P.O. BOX 525 B		STREET ADDRESS	02/06/04-80024-014 61.25	
CITY-ST-ZIP	WEST BOOTHBAY HARBOR ME		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLSPAUGH, BRENDA		NAME		
STREET ADDRESS	6490 SOUTH U.S. 1 APT 12		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARMES, CHESTER L		NAME		
STREET ADDRESS	WESTERN AVE., P.O. BOX 525 B		STREET ADDRESS		
CITY-ST-ZIP	WEST BOOTHBAY HARBOR ME		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRASHER, JOANN		NAME		
STREET ADDRESS	3145 COASTAL HWY #1126		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HYATT, NICOLINA		NAME		
STREET ADDRESS	236 LAKE DORA DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **01-0483770** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 its 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** *2/4/04* **904 829-2461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #