

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90017 047 \*\*\*\*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

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**01-0483770**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

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

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  
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARMES, CHESTER L WESTERN AVE., P.O. BOX 525 B WEST BOOTHBAY HARBOR ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLSPAUGH, BRENDA 6490 SOUTH U.S. 1 APT 12 PORT SAINT LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARMES, CHESTER L WESTERN AVE., P.O. BOX 525 B WEST BOOTHBAY HARBOR ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRASHER, JOANN 3145 COASTAL HWY #1126 ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HYATT, NICOLINA 236 LAKE DORA DR WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JoAnn Drasher**

**02/01/05**

Date

**904-829-2461**

Daytime Phone #