

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 030 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HARMES, CHESTER L	WESTERN AVE., P.O. BOX 525 B	WEST BOOTHBAY HARBOR ME	<input type="checkbox"/>
TD	HARMES, CHESTER L	WESTERN AVE., P.O. BOX 525 B	WEST BOOTHBAY HARBOR ME	<input type="checkbox"/>
SD	DRASHER, JOANN	3145 COASTAL HWY #1126	ST. AUGUSTINE FL	<input type="checkbox"/>
VD	HYATT, NICOLINA	236 LAKE DORA DR	WEST PALM BEACH FL 33411	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		399 BACK NARROWS RD	BOOTHBAY, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		399 BACK NARROWS RD.	BOOTHBAY, ME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: _____

Joann Drasher
**JOANN DRASHER
 CORP. SECY**

4/18/06 904-829-2464