


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 013 ****61.25

DOCUMENT # F93000004800 1. Entity Name MISSING CHILDREN ALERT PROGRAM, INC.	
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Principal Place of Business WESTERN AVE. #535 WEST BOOTHBAY HARBOR ME 04575	Mailing Address P.O. BOX 3745 ST. AUGUSTINE FL 32095
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 399 BackNarrows Rd. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Boothbay, ME	City & State
Zip 32085	Country

4. FEI Number 01-0483770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DASHER, JOANN 3145 COASTAL HWY #1126 ST AUGUSTINE FL 32095 32084	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code 32084 </div>
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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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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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			
STREET ADDRESS	399 BACK NARROWS RD			STREET ADDRESS			
CITY - ST - ZIP	BOOTHBAY ME			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	399 BACK NARROWS RD			STREET ADDRESS			
CITY - ST - ZIP	BOOTHBAY 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			
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			

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 empowered.

SIGNATURE: *Joann Drasher* **JOANN DRASHER** **COOP. SECRETARY** **01/30/07** **904-829-2461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #