

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2008
Secretary of State**

DOCUMENT# F93000004800

Entity Name: MISSING CHILDREN ALERT PROGRAM, INC.

Current Principal Place of Business:

399 BACK NARROWS RD
WEST BOOTHBAY HARBOR, ME 04575

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3745
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 01-0483770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASHER, JOANN
3145 COASTAL HWY #1126
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMES, CHESTER L
Address: 399 BACK NARROWS RD
City-St-Zip: BOOTHBAY, ME

Title: TD () Delete
Name: HARMES, CHESTER L
Address: 399 BACK NARROWS RD
City-St-Zip: BOOTHBAY, ME

Title: SD () Delete
Name: DRASHER, JOANN
Address: 3145 COASTAL HWY #1126
City-St-Zip: ST. AUGUSTINE, FL

Title: VD () Delete
Name: HYATT, NICOLINA
Address: 236 LAKE DORA DR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN DRASHER

SD

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date