

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2011  
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 32085

**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  
Name: HARMES, CHESTER L  
Address: 399 BACK NARROWS RD  
City-St-Zip: BOOTHBAY, ME 04575

Title: TD  
Name: HARMES, CHESTER L  
Address: 399 BACK NARROWS RD  
City-St-Zip: BOOTHBAY, ME 04575

Title: SD  
Name: DRASHER, JOANN  
Address: 3145 COASTAL HWY #1126  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

I hereby 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 all other like empowered.

SIGNATURE: JOANN DRASHER

SECY

03/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date