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FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00752 (8)

1. Corporation Name

MISSING CHILDREN CENTER, INC.



Principal Place of Business

Mailing Address

264 EAST HWY. 434
WINTER SPRINGS FL 32708-9504

264 EAST HWY. 434
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified
01/05/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 276 East Hwy. 434

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 276 East Hwy. 434

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2456832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, JOAN
264 EAST HWY 434
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

276 East Hwy. 434

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME RIVERA, LINDA
STREET ADDRESS 117 N. ALDERWOOD ST.
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DP ☐ DELETE
NAME MCGILL, CHRISTINE
STREET ADDRESS 249 N. NORMANDALE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME TAYLOR, BEAU
STREET ADDRESS 400 ALEXANDRIA BLVD.
CITY-ST-ZIP OVIEDO FL

TITLE DEVP ☐ DELETE
NAME BUSH, JOHN
STREET ADDRESS 21 TARPON CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DT ☒ DELETE
NAME PIERCE, SUSAN
STREET ADDRESS 101 PARTRIDGE CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE DS ☐ DELETE
NAME ELLIOTT, ELAINE
STREET ADDRESS 417 EL PASO WAY
CITY-ST-ZIP WINTER SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DEVP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 16246 Bearle Road
2.4 CITY-ST-ZIP Orlando, FL 32823

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DV ☐ Change ☒ Addition
5.2 NAME Maxon, Jerry
5.3 STREET ADDRESS 610 Alton Road
5.4 CITY-ST-ZIP Winter Springs, FL 32708

6.1 TITLE DST ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)