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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00752

1. Corporation Name
MISSING CHILDREN CENTER, INC.

Principal Place of Business
 276 EAST HWY 434
 WINTER SPRINGS FL 32708-9504
 US

Mailing Address
 276 E HWY 434
 WINTER SPRINGS FL 32708-9504
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2456832	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent
THOMPSON, JOAN
276 E HWY 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, LINDA	1.2 NAME	
STREET ADDRESS	117 N. ALDERWOOD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, CHRISTINE	2.2 NAME	
STREET ADDRESS	16246 BEARLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, JAN	3.2 NAME	
STREET ADDRESS	290 W FERN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, VICKI	4.2 NAME	
STREET ADDRESS	332 E MAINE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXON, JERRY	5.2 NAME	JONAS, DON
STREET ADDRESS	610 ALTON RD	5.3 STREET ADDRESS	1931 Seneca Blvd.
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DEVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DEVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MEREDITH	6.2 NAME	LENSE, BARBARA
STREET ADDRESS	2325 ECON CIRCLE #329	6.3 STREET ADDRESS	633 Sabal Lake Drive #103
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Longwood, FL 32779-6048

14. I 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, with all other like empowered.

SIGNATURE: *Jan O'Neal* SIGNATURE REQUIRED **4-15-99** **904-775-7311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)