NONPROFIT CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00752

1. Corporation Name

MISSING CHILDREN CENTER, INC.

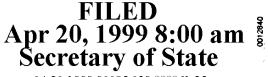
Principal Place	of Business
276 EAST LIMY	424

WINTER SPRINGS FL 32708-9504 US

Mailing Address

276 E HWY 434

WINTER SPRINGS FL 32708-9504



04-20-1999 90085 039 ****61.25

		1181 BIBN 1181	

							,					
—	Place of Business	2a. Maili	ng Address				3.	Date Incorporated or Qualifed 01/05/1984				
Suite, Apt.	# etc		e, Apt. #, etc.				4.	FEI Number			Арр	ied For
22	#, etc.	27	2,740. 7, 0.0.	-			- 1	59-2456832			+	Applicable
City & Stat	te ,		& State				5.	Certificate of Status Desired		•	75 Ac	dditional uired
Zip	Country	Zip		Cour	ntrv		- 6	Election Campaign Financing		\$5	00 k	fay Be
— ·	25	29		30	,		"	Trust Fund Contribution		•	ded to	•
24	9. Name and Address of Current		Agent	1901			10.	Name and Address of New	Registered	Agent		
				- 1	81	Name						
THOMPSO	DN 108N]	_	01 -4.4	Address /	O Day Number is Not Asset	abla)			
THOMPSO	-				82	Street A	Address (F	P.O. Box Number is Not Accept	aule)			
276 E HW	· · · · · · · · · · · · · · · · · · ·				83					•		
WINTER S	SPRINGS FL 32708											
					84	City			FL	85	Zip C	ode
- 24" -	to the provisions of Sections 617.0502		OR Plant - Chris	100 th			cornovation	n cultimite this statement for the		changin	a its r	egistered_
office or r	to the provisions of Sections 617,0302 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Su	ich change was a	autnorizea	Dy I	tne corpo	oration's bo	pard of directors. I hereby acce	pt the appoi	ntment a	as reg	stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applied	oble /NOTE	E- Registered	Agent	t signature re	required when r	reinstating)	DATE			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTOF	RS IN 12
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NAME	RIVERA, LINDA			1.2 NA								
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	MCGILL, CHRISTINE			2.2 NA		}	1					
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NAME	O'NEAL, JAN			3.2 NA								
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NAME	CLARK, VICKI			4. 2 N/			1	1				
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NAME	MAXON, JERRY			5.2 NA			1 2001	is, bon L Seneca Blvd.				
STREET ADDRESS	1 *					ADDRESS		ter Springs, F	T. 307	n s		
CITY-ST-ZIP	WINTER SPRINGS FL			5.4 CF		T-ZIP	MIUI	rer obrings, i	n 25/			Addista
TITLE	DEVP		X DELETE	6.1 TIT			DEAI			☐ Cha	inge	Addition
NAME	MILLER, MEREDITH			6.2 NA				SE, BARBARA	_		•	
STREET ADDRESS	2325 ECON CIRCLE #329					ADDRESS		Sabal Lake Dr				à
OUTS/ OT TID	ODI ANDO EI			6.4 CD	ry-s1	T-ZIP	Long	wood. FL 3277	9-604	8		

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: