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Secretary of State

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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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/05/1984

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

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

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

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MCGILL, CHRISTINE**
CITY-ST-ZIP **16246 BEARLE RD**
ORLANDO FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **O'NEAL, JAN**
CITY-ST-ZIP **290 W FERN**
ORANGE CITY FL

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **CLARK, VICKI**
CITY-ST-ZIP **332 E MAINE AVE**
LONGWOOD FL

TITLE ☒ DELETE
NAME **DV**
STREET ADDRESS **MAXON, JERRY**
CITY-ST-ZIP **610 ALTON RD**
WINTER SPRINGS FL

TITLE ☒ DELETE
NAME **DEVP**
STREET ADDRESS **MILLER, MEREDITH**
CITY-ST-ZIP **2325 ECON CIRCLE #329**
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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
2.4 CITY-ST-ZIP

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

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

5.1 TITLE **DV** ☐ Change ☒ Addition
5.2 NAME **JONAS, DON**
5.3 STREET ADDRESS **1931 Seneca Blvd.**
5.4 CITY-ST-ZIP **Winter Springs, FL 32708**

6.1 TITLE **DEVP** ☐ Change ☒ Addition
6.2 NAME **LENSE, BARBARA**
6.3 STREET ADDRESS **633 Sabal Lake Drive #103**
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: *Joan Thompson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

904-775-7311

Daytime Phone #

CR2E037 (11/98)