

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00752

1. Entity Name

MISSING CHILDREN CENTER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90107 041 ****61.25

Principal Place of Business

Mailing Address

276 EAST HWY 434
 WINTER SPRINGS FL 32708-9504
 US

276 E HWY 434
 WINTER SPRINGS FL 32708-2504
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2456832

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, JOAN
 276 E HWY 434
 WINTER SPRINGS FL 32708

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, LUNDA	
STREET ADDRESS	117 N. ALDERWOOD ST.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCGILL, CHRISTINE	
STREET ADDRESS	16246 BEARLE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	O'NEAL, JAN	
STREET ADDRESS	290 W FERN	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CLARK, VICKI	
STREET ADDRESS	332 E MAINE AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JONAS, DON	
STREET ADDRESS	1931 SENECA BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	LENSE, BARBARA	
STREET ADDRESS	633 SABAL LAKE DR #103	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JOAN THOMPSON 4-26-00 407-327-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)