2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# N00752

Entity Name: MISSING CHILDREN CENTER, INC.

Current Principal Place of Business:

276 EAST HWY 434
WINTER SPRINGS, FL 327089504 US

New Principal Place of Business:

Current Mailing Address:

276 E HWY 434
WINTER SPRINGS, FL 327089504 US

New Mailing Address:

FEI Number: 59-2456832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, JOAN
276 E HWY 434
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: RIVERA, LINDA,
Address: 117 N. ALDERWOOD ST.
City-St-Zip: WINTER SPRINGS, FL

Title: DP ( ) Delete
Name: WILLS, JUDY
Address: 2240 TWO SISTER FERRY RD
City-St-Zip: ESTILL, SC 29918

Title: DEV ( ) Delete
Name: KRAKOSKY, TOM
Address: 400 ALEXANDRIA BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: DVT ( ) Delete
Name: FLANNIGAN, JIM
Address: 300 N. MOSS RD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM FLANNIGAN DVT 03/22/2005

Electronic Signature of Signing Officer or Director — Date