

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00752

FILED
Apr 15, 2008
Secretary of State

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: DVP () 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: DT () Delete
Name: RIVERA, LINDA
Address: 117 N. ALDERWOOD ST.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS () Delete
Name: EDWARDS, KELLY
Address: 400 ALEXANDRIA BLVD.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DEV (X) Change () Addition
Name: THOMPSON, CHUCK
Address: 139 KRIDER RD
City-St-Zip: SANFORD, FL 32773

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

Title: DS (X) Change () Addition
Name: ROSS, NICOLE
Address: 2428 CHASE AVE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHUCK THOMPSON

DEV

04/15/2008

Electronic Signature of Signing Officer or Director

Date