

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001576

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: STOLEN CHILD 911 TELEVISION NETWORK, INC.

**Current Principal Place of Business:**

1510 W ARIANA ST #225  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8894  
LAKELAND, FL 33806

**New Mailing Address:**

FEI Number: 59-3688109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, DONNA C  
1510 W ARIANA ST #225  
LAKELAND, FL 33803 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: D ( ) Delete  
Name: DIAZ, DANIEL E  
Address: 525 GLOVER AVE.  
City-St-Zip: ENTERPRISE, AL 36330

Title: S ( ) Delete  
Name: BROWN, DONNA C  
Address: 1510 W ARIANA ST #225  
City-St-Zip: LAKELAND, FL 33803

Title: P ( ) Delete  
Name: ELLIS, KENNETH D  
Address: PO BOX 3  
City-St-Zip: SALINE, LA 71070

Title: VP ( ) Delete  
Name: YOUNG, TUESDAY  
Address: PO BOX 1014  
City-St-Zip: SWANNANOA, NC 28778

Title: T ( ) Delete  
Name: BROWN, NAOMI  
Address: 147 JACKSON PARK AVE.  
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete  
Name: BROWN, DONALD  
Address: 147 JACKSON PARK AVE.  
City-St-Zip: DAVENPORT, FL 33897

**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:

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: DONNA C. BROWN

S

04/28/2005

Electronic Signature of Signing Officer or Director

Date