

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004595

FILED  
Jan 20, 2008  
Secretary of State

Entity Name: NATIONAL COALITION FOR THE MISSING AND EXPLOITED, INC

**Current Principal Place of Business:**

1203 NORTH FEDERAL HIGHWAY  
COSAC SUITE 2ND FLOOR  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1203 NORHT FEDERAL HIGHWAY  
COSAC SUITE 2ND FLOOR  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1203 NORTH FEDERAL HIGHWAY  
COSAC SUITE 2ND FLOOR  
HOLLYWOOD, FL 33020

FEI Number: 65-0745597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONONIE, SEAN A  
1203 NORTH FEDERAL HIGHWAY  
COSAC SUITE 2ND FLOOR  
HOLLYWOOD, FL 33020 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: P ( ) Delete

Name: CONONIE, SEAN A

Address: 1203 NORTH FEDERAL HIGHWAY

City-St-Zip: HOLLYWOOD, FL 33020 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: VP ( ) Delete

Name: CROSS, LOIS A

Address: 1203 NORTH FEDERAL HIGHWAY

City-St-Zip: HOLLYWOOD, FL 33024 US

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: T ( ) Delete

Name: TARGETT, MARK W

Address: 1203 NORTH FEDERAL HIGHWAY

City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

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: SEAN A CONONIE

P

01/20/2008

Electronic Signature of Signing Officer or Director

Date