

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006754

FILED
Aug 17, 2006
Secretary of State

Entity Name: MISSING CHILDREN INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

12289 PEMBROKE RD STE 3
PEMBROKE PINES, FL 330251725

New Principal Place of Business:

Current Mailing Address:

12289 PEMBROKE RD STE 3
PEMBROKE PINES, FL 330251725

New Mailing Address:

FEI Number: 65-1230088 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PERRY, DINORAH
12289 PEMBROKE RD STE 3
PEMBROKE PINES, FL 330251725 US

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: DPS () Delete
Name: PERRY, DINORAH
Address: 12289 PEMBROKE RD STE 3
City-St-Zip: PEMBROKE PINES, FL 330251725

Title: DV () Delete
Name: WILSON, JOY L
Address: 12289 PEMBROKE RD#3
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DT () Delete
Name: MASON, REGINA
Address: 12289 PEMBROKE RD#3
City-St-Zip: PEMBROKE PINES, FL 33025

Title: EC () Delete
Name: CARLSON, JUDY
Address: 12289 PEMBROKE RD#3
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MD () Delete
Name: WRIGHT, RUSS
Address: 12289 PEMBROKE RD#3
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: RC (X) Change () Addition
Name: LOWE, JAMES
Address: 185
City-St-Zip: ELIZABETH, WV 26143

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 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: DINORAH PERRY

DIRE

08/17/2006

Electronic Signature of Signing Officer or Director

Date