

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004165 (6)**

1. Corporation Name

SUNCOAST MISSING CHILDREN PROJECT, INC.



Principal Place of Business

Mailing Address

**5006 TROUBLE CREEK RD.
SUITE 222
NEW PORT RICHEY FL 34652**

**5006 TROUBLE CREEK RD.
SUITE 222
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3265301

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAINS, BARBARA E
5006 TROUBLE CREEK RD.
SUITE 222
NEW PORT RICHEY FL 34652**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PDT
RAINS, BARBARA E
STREET ADDRESS
6405 MAIN ST.
CITY-ST-ZIP
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **VD
BARNARD, PATRICIA
STREET ADDRESS
6405 MAIN ST.
CITY-ST-ZIP
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **DS
EVANS, LINDA
STREET ADDRESS
6014 FLORIDA AVENUE
CITY-ST-ZIP
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **T
HALPIN, THOMAS D
STREET ADDRESS
10720 54TH AVENUE #25
CITY-ST-ZIP
ST. PETERSBURG FL**

TITLE ☒ DELETE

NAME **D
ROWLNSON, STEVE S
STREET ADDRESS
6551 MAIN STREET
CITY-ST-ZIP
NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PDT/M/C
RAINS BARBARA E.
1.3 STREET ADDRESS
6405 MAIN ST.
1.4 CITY-ST-ZIP
NEW PORT RICHEY FL.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D/TR
HALPIN THOMAS D
4.3 STREET ADDRESS
10720 54TH AVENUE #25
4.4 CITY-ST-ZIP
ST. PETERSBURG FL.**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara E. Rains / Barbara E. Rains 8-5-96 813-841-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)