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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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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 34652-4939



3. Date Incorporated or Qualified  
**08/24/1994**

3a. Date of Last Report  
**08/22/1996**

2. Principal Place of Business

2a. Mailing Address

**5006 trouble creek rd.**

**5006 trouble creek rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**suite 230**

**suite 230**

City & State

City & State

**New Port Richey, Fl.**

**New Port Richey, Fl.**

Zip

Country

Zip

Country

**34652**

**USA**

**34652-4939**

**USA**

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**

**Barbara E. Rains**

**5006 Trouble Creek Rd.**

**suite 230**

**City New Port Richey, Fl.**

**FL**

**Zip Code 34652**

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

*Barbara E. Rains*

**Barbara E. Rains**

**4-30-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **POTC** ☐ DELETE  
NAME **RAINS, BARBARA E**  
STREET ADDRESS **6405 MAIN ST**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **D Edward McClenahan**  
3.3 STREET ADDRESS **3800 62nd Ave. N-B-108**  
3.4 CITY-ST-ZIP **Pinellas Park, Fl. 33781**

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE  
NAME **HALPIN, THOMAS D**  
STREET ADDRESS **10720 54TH AVENUE #25**  
CITY-ST-ZIP **ST PETE FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **Halpin, Thomas D.**  
5.3 STREET ADDRESS **7018 Washington St.**  
5.4 CITY-ST-ZIP **New Port Richey, Fl. 34652**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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**

**4-30-97**

CP2E037 (9/96)