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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

**8006 TROUBLE CREEK RD
SUITE 230
NEW PORT RICHEY FL 34652
US**

**5006 TROUBLE CREEK RD.
SUITE 230
NEW PORT RICHEY FL 34652
US**

3. Date Incorporated or Qualified

08/24/1994

4. FEI Number

59-3265301

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 230
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POTC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINS, BARBARA E	1.2 NAME	P/D/T/C/M
STREET ADDRESS	6405 MAIN ST	1.3 STREET ADDRESS	RAINS, BARBARA E.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	7016 WASHINGTON ST.
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, PATRICIA	2.2 NAME	
STREET ADDRESS	6405 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLANAHAN, EDWARD	3.2 NAME	
STREET ADDRESS	3800 62ND AVE N-B-108	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALPIN, THOMAS D	4.2 NAME	V/D/S/T/M
STREET ADDRESS	7018 WASHINGTON ST	4.3 STREET ADDRESS	HALPIN, THOMAS D.
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	7016 WASHINGTON ST.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

4/27/98

813-841-7440

CR2E037 (10/97)