

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90232 022 ****70.00

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1. Corporation Name

SUNCOAST MISSING CHILDREN PROJECT, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/24/1994

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

9. Name and Address of Current Registered Agent

RAINS, BARBARA E
5006 TROUBLE CREEK RD.
SUITE 230
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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 **Barbara E. Rains/P/C/T/D/M**

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

(NOTE: Registered Agent signature required when reinstating)

4-19-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PDTC** ☐ DELETE
NAME **RAINS, BARBARA E**
STREET ADDRESS **7016 WASHINGTON STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ DELETE
NAME **MCCLENAHAN, EDWARD**
STREET ADDRESS **3800 62ND AVE N-B-108**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **VDST** ☐ DELETE
NAME **HALPIN, THOMAS D**
STREET ADDRESS **7016 WASHINGTON STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **Tr** ☐ DELETE
NAME **Davis, Mary**
STREET ADDRESS **4142 Pecos Dr.**
CITY-ST-ZIP **New Port Richey, Fl. 34652**

TITLE **Tr** ☐ DELETE
NAME **Venezia, Kenneth C.**
STREET ADDRESS **4025 Vista Verde Dr. Apt 2**
CITY-ST-ZIP **New Port Richey, Fl. 34655**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D/T/C/M** ☐ Change ☒ Addition
1.2 NAME **Rains, Barbara E.**
1.3 STREET ADDRESS **8704 Broad Street**
1.4 CITY-ST-ZIP **New Port Richey, Fl. 34654**

2.1 TITLE **Tr** ☒ Change ☐ Addition
2.2 NAME **Evans, Linda L.**
2.3 STREET ADDRESS **12532 Kitten Trail**
2.4 CITY-ST-ZIP **Hudson, Fl. 34669**

3.1 TITLE **V/S/D/M** ☐ Change ☒ Addition
3.2 NAME **Halpin, Thomas D.**
3.3 STREET ADDRESS **7016 Washington Street**
3.4 CITY-ST-ZIP **New Port Richey, Fl. 34652**

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

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 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, with all other like empowered.

SIGNATURE: **Barbara E. Rains/P/D/T/C/M**

SIGNATURE REQUIRED

4-19-99
(727) 841-7440
Date Daytime Phone #

CR2E037 (11/98)