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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REMITTED BY MAY 1**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N94000005998 (9)**

1. Corporation Name

**"NATIONAL CENTER FOR MISSING PERSONS, INC."**

Principal Place of Business	Mailing Address
8808 DEAN WOODS PLACE ORLANDO FL 32825-6552 2	8808 DEAN WOODS PLACE ORLANDO FL 32825-6552 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report
4. FEI Number 59-3281787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

MARTIN, HARRY L JR  
8808 DEAN WOODS PLACE  
ORLANDO FL 32825-6552

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		1.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Teresa Johnson
STREET ADDRESS		1.3 STREET ADDRESS	8301 Cristobal Circle
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Orlando, FL 32825
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Harry Martin
STREET ADDRESS		3.3 STREET ADDRESS	9806 Dean Woods Pl
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, FL 32825
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Hubert Hunt
STREET ADDRESS		5.3 STREET ADDRESS	9828 Tourite St
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Shreveport, LA 71108
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: Harry L. Martin, Jr. Date: 4-26-95 Daytime Phone: 407-281-1127