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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003880 (9)**

1. Corporation Name

MISSING CHILDREN/AMERICA, VOTCC, INC.

Principal Place of Business

Mailing Address

~~4411 BEE RIDGE ROAD, UNIT 455~~
~~SARASOTA FL 34233~~

~~4411 BEE RIDGE ROAD, UNIT 455~~
~~SARASOTA FL 34233-2514~~

2. Principal Place of Business

2a. Mailing Address

21 **2800 4TH ST, North**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **191**

27

City & State

City & State

23 **ST. PETERSBURG**

28

Zip

Country

24 **33704**

25

Pinellas

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/24/1996

3a. Date of Last Report

N/A

4. FEI Number

650618050

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

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

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 **PD WEIMAR, GENY**
STREET ADDRESS **4411 BEE RIDGE ROAD, UNIT 455**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE

NAME **TD WEIMAR, JOHN**
STREET ADDRESS **4411 BEE RIDGE ROAD, UNIT 455**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE

NAME **S WEIMAR, NATALIE**
STREET ADDRESS **4411 BEE RIDGE ROAD, UNIT 455**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE

NAME **D LEGASSE, GEORGE**
STREET ADDRESS **4411 BEE RIDGE ROAD, UNIT 455**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE

NAME **✓**
STREET ADDRESS **✓**
CITY-ST-ZIP **✓**

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 ☒

1.3 STREET ADDRESS ☒

1.4 CITY-ST-ZIP ☒

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 ☒

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 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:

Geny Weimar, PD/WEIMAR, GENY

11/7/97

941.322.6005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063088

CR2E037 (9/96)