

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000546

FILED
Mar 20, 2009
Secretary of State

Entity Name: A CHILD IS MISSING, INC.

Current Principal Place of Business:

500 SE 17TH ST.
SUITE 101
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 460669
FORT LAUDERDALE, FL 33346

New Mailing Address:

FEI Number: 65-0747870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLANDER, SHERRY MRS.
500 SE 17TH ST.
SUITE 101
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FRIEDLANDER, SHERRY MRS
Address: 500 SE 17TH ST. #101
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: P () Delete
Name: LINDEMANN, DAVID
Address: 604 SW 8TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: TREA () Delete
Name: JABOUIN, JORIS
Address: 7815 NW 148TH ST
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VP () Delete
Name: MOWELL, BARRY MR
Address: 3501 S.W. DAVIE ROAD
City-St-Zip: DAVIE, FL 33314 US

Title: SECR () Delete
Name: EPSTEIN, DARREN MR
Address: 1220 S.E.1ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: D () Delete
Name: TRACHT, DEBORAH B MS
Address: 50 NE 26TH AVENUE, STE #204
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: LINDEMANN, DAVID
Address: 604 SW 8TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY GORNI

MRS

03/20/2009

Electronic Signature of Signing Officer or Director

Date