


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000002978 (1)
1. Corporation Name
MISSING CHILDREN PREVENTION PROGRAM, INC.

| | |
|---|--|
| Principal Place of Business 35 PALMER STREET ST. AUGUSTINE FL 32085 | Mailing Address POST OFFICE BOX 1432 ST. AUGUSTINE FL 32085-1432 |
|---|--|

| | |
|--|---|
| 3. Date Incorporated or Qualified 05/22/1997 | |
| 4. FEI Number 59-31451081 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |

| | |
|--|--|
| 2. Principal Place of Business 21 35 Palmer St. Suite, Apt. #, etc. | 2a. Mailing Address 26 P O Box 1432 Suite, Apt. #, etc. |
| 22 City & State 23 St. Augustine, FL 32084 Zip Country | 27 City & State 28 St. Augustine, FL 32085-1432 Zip Country |
| 24 32084 25 St. Johns | 29 32085-1432 30 St. Johns |

| |
|--|
| 5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**SALIBA, JUDY
1975 IMPORT DRIVE
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number Is Not Acceptable) |
| 83 |
| 84 City |
| 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 JUDY SALIBA, Also V/T/D DATE April 24, 1998

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | S/D | <input type="checkbox"/> DELETE |
| NAME | Chester L Harnes | |
| STREET ADDRESS | 2600 S. Kanner Hwy W 12 | |
| CITY-ST-ZIP | Stuart, FL 34994 | |
| TITLE | V/T/D | <input type="checkbox"/> DELETE |
| NAME | Judy Saliba | |
| STREET ADDRESS | 1975 Import Drive | |
| CITY-ST-ZIP | Port St. Lucie, FL 34952 | |
| TITLE | S/D | <input type="checkbox"/> DELETE |
| NAME | Brenda Dixon | |
| STREET ADDRESS | 6490 S. W Hwy 1 Apt. 9 | |
| CITY-ST-ZIP | Port St. Lucie, FL 34952 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | Mary Weiss | |
| STREET ADDRESS | 2441 S W Finchman St. | |
| CITY-ST-ZIP | Port St. Lucie, FL 34984 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Directors are all the same as the officers. |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Chester L Harnes **Chester L Harnes** April 24, 1998 561 288 2673

CR2E037 (10/97)