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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90159 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000002978

1. Corporation Name

MISSING CHILDREN PREVENTION PROGRAM, INC.

Principal Place of Business

35 PALMER STREET
 ST. AUGUSTINE FL 32084
 US

Mailing Address

POST OFFICE BOX 1432
 ST. AUGUSTINE FL 32085-1432



2. Principal Place of Business
 35 Palmer St.

2a. Mailing Address
 26 P.O. Box 1432

3. Date Incorporated or Qualified
 05/22/1997

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number
 59-3454081

Applied For
 Not Applicable

City & State
 St. Augustine, FL

28 City & State
 St. Augustine, FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip 32095 Country St. Johns

29 Zip 32085-1432 Country St. Johns

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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 | 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 JUDY SALIBA, Also V/T/D/

April 21, 1999

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARMES, CHESTER L. | 1.2 NAME | |
| STREET ADDRESS | 2600 S. KANNER HWY, W-12 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34994 | 1.4 CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALIBA, JUDY | 2.2 NAME | |
| STREET ADDRESS | 1975 IMPORT DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34952 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIXON, BRENDA | 3.2 NAME | |
| STREET ADDRESS | 6490 S. US HWY 1, APT 9 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34952 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEISS, MARY | 4.2 NAME | |
| STREET ADDRESS | 2441 SW HINCHMAN ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34984 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: [Signature] **SIGNATURE REQUIRED** Chapter L. Harmes

April 21, '99

904-829-2461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)