

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-28-2001 90102 038 ****61.25

DOCUMENT # N97000002978

1. Entity Name

MISSING CHILDREN PREVENTION PROGRAM, INC.

Principal Place of Business

Mailing Address

35 PALMER STREET
 ST. AUGUSTINE FL 32084
 US

POST OFFICE BOX 1432
 ST. AUGUSTINE FL 32085-1432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3454081

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALIBA, JUDY
 1975 IMPORT DRIVE
 PORT ST. LUCIE FL 34952

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HARMES, CHESTER L.	2600 S. KANNER HWY, W-12	STUART FL 34994	<input type="checkbox"/>
VTD	SALIBA, JUDY	1975 IMPORT DR	PORT ST LUCIE FL 34952	<input type="checkbox"/>
SD	DIXON, BRENDA	6490 S. US HWY 1, APT 9	PORT ST LUCIE FL 34952	<input type="checkbox"/>
D	WEISS, MARY	2441 SW HINCHMAN ST	PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	CATHLYNN J. SCHOELLER	64 KON TIKI CIRCLE	ST. AUGUSTINE, FL 32083	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judy Saliba 3/13/2001 561 879-3017

CR2E037 (10/00)