

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90078 017 \*\*\*\*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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3454081**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
**MILLSPAUGH, BRENDA**

Street Address (P.O. Box Number is Not Acceptable)  
**6490 S. US HWY 1, APT. 9**

City  
**PORT ST. LUCIE**

**FL**

Zip Code  
**34952**

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 **BRENDA MILLSPAUGH, VTD**

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

*Brenda Millsbaugh 2-11-02*

(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 **PD**  Delete  
 NAME **HARMES, CHESTER L.**  
 STREET ADDRESS **2600 S. KANNER HWY, W-12**  
 CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTD**  Delete  
 NAME **SALIBA, JUDY**  
 STREET ADDRESS **1975 IMPORT DR**  
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **DIXON, BRENDA**  
 STREET ADDRESS **6490 S. US HWY 1, APT 9**  
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **VTD**  Change  Addition  
 NAME **MILLSPAUGH, BRENDA**  
 STREET ADDRESS **6490 S. US HWY 1, APT.9**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D**  Delete  
 NAME **SCHOELLER, CATHLYNN J**  
 STREET ADDRESS **64 KON TIKI CIRCLE**  
 CITY-ST-ZIP **RAIFORD FL 32083**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: *Brenda Millsbaugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-11-02*

Date

*561-879-3017*

Daytime Phone #

CR2E037 (9/01)