

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000530

**Entity Name:** ARLINGTON EAST NEIGHBORHOOD CRIME WATCH ASSOCIATION, INC.

**FILED**  
**Jan 20, 2014**  
**Secretary of State**  
**CC7315024249**

**Current Principal Place of Business:**

2248 LEON RD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2248 LEON RD  
JACKSONVILLE, FL 32246

**FEI Number: 45-4449325**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KLINE, JEANNE P  
2248 LEON RD.  
JACKSONVILLE, FL 32246 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KLINE, JEANNE P  
Address        2248 LEON RD.  
City-State-Zip: JACKSONVILLE FL 32246

Title            VP  
Name            PHILLIPS, TOM  
Address        10447 GREENHAVEN DR  
City-State-Zip: JACKSONVILLE FL 32246

Title            VP  
Name            BUTLER, DONALD J  
Address        1961 DEBUTANTE DR.  
City-State-Zip: JACKSONVILLE FL 32246

Title            TREASURER  
Name            AMMONS, JOYCE  
Address        1838 BROOKVIEW DR S  
City-State-Zip: JACKSONVILLE FL 32246

Title            SECRETARY  
Name            PHILBIN, TRACY  
Address        10445 EBBITT RD  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby 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 all other like empowered.*

**SIGNATURE: JEANNE P. KLINE**

**PRESIDENT**

**01/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date