

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000530

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

**FILED**  
**Feb 26, 2022**  
**Secretary of State**  
**6466679440CC**

**Current Principal Place of Business:**

10426 EBBITT 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            BLUMENTHAL, BARRY  
Address        10426 EBBITT RD  
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            1ST OFFICER  
Name            KLINE, JEANNE P  
Address        2248 LEON RD  
City-State-Zip: JACKSONVILLE FL 32246

Title            SECRETARY  
Name            MARROW, CARLA  
Address        2398 GLEN GARDNER DR  
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**

**VICE PRESIDENT OF  
COMMUNICATION**

**02/26/2022**

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

\_\_\_\_\_  
Date