

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003087

Entity Name: CRIME STOPPERS OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**555 W. GRANADA BOULEVARD
BUILDING A, SUITE 10
ORMOND BEACH, FL 32174**Current Mailing Address:**PO BOX 731379
ORMOND BEACH, FL 32173 US**FEI Number:** 59-3395571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LENTZ, ALYSON D.
555 W. GRANADA BOULEVARD
BUILDING A, SUITE 10
ORMOND BEACH, FL 32174 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:** ALYSON D. LENTZ**04/11/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name REBOSTINI, EVELYN
Address PO BOX 731379
City-State-Zip: ORMOND BEACH FL 32173

Title EXECUTIVE DIRECTOR
Name LENTZ, ALYSON D.
Address PO BOX 731379
City-State-Zip: ORMOND BEACH FL 32173

Title TREASURER
Name PIGNATARO, STEPHANIE
Address PO BOX 731379
City-State-Zip: ORMOND BEACH FL 32173

Title IMMEDIATE PAST PRESIDENT
Name BERES, STEPHEN
Address 555 W. GRANADA BOULEVARD
BUILDING A, SUITE 10
City-State-Zip: ORMOND BEACH FL 32174

Title PRESIDENT
Name HATHAWAY, SPENCER
Address 555 W. GRANADA BOULEVARD
BUILDING A, SUITE 10
City-State-Zip: ORMOND BEACH FL 32174

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: ALYSON LENTZ**EXECUTIVE DIRECTOR****04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date