


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90009 006 ****70.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # 738758 | | | |  | |
| 1. Entity Name BROWARD COUNTY CRIME COMMISSION, INC. | | | | | |
| Principal Place of Business P O BOX 222065 HOLLYWOOD, FL 33022-2065 US | | | Mailing Address P O BOX 22-2065 HOLLYWOOD, FL 33022-2065 US | | |
| 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 59-2412293 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WEINS, JACK F. 2021 TYLER ST. HOLLYWOOD, FL 33022 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PINTER, FRANKLIN J | | NAME | | |
| STREET ADDRESS | 2124 N 14 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KARACHALIOS, THEODORE | | NAME | KARACHALIOS, Theodore | |
| STREET ADDRESS | 2414 N FEDERAL HWY | | STREET ADDRESS | 4051 SW 131 St. | |
| CITY-ST-ZIP | HOLLYWOOD, FL | | CITY-ST-ZIP | Davie, FL 33330 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HILL, JAMES | | NAME | HILL, James | |
| STREET ADDRESS | 10613 N.W. 11 STREET, BLDG. 4, APT. 205 | | STREET ADDRESS | 2058 NW 141 Ave | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | Pembroke Pines, FL 33028 | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PINTER, FRANK R | | NAME | | |
| STREET ADDRESS | 2124 N. 14 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SUPERFINE, I.J. | | NAME | William Zibell | |
| STREET ADDRESS | 5001 GRANT STREET | | STREET ADDRESS | 1542 Hayes St. | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | CITY-ST-ZIP | Hollywood, FL 33020 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | Monica Hofheinz | |
| STREET ADDRESS | | | STREET ADDRESS | 4731 Filmore St. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Hollywood, FL 33021 | |
| 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: <i>Franklin J. Pinter</i> | | | 1-9-04 954922-2600 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |