


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751569**  
 1. Entity Name  
 NORTH MIAMI BEACH CRIME WATCH, INC.



Principal Place of Business 16901 NORTHEAST 19TH AVE NORTH MIAMI BEACH, FL 33162-3112 US	Mailing Address 16901 NORTHEAST 19TH AVE NORTH MIAMI BEACH, FL 33162-3112 US
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**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2013576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CARNEY, TOM  
 16901 NE 19TH AVE  
 N MIAMI BCH, FL 33162

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000078963 03/08/04-80047-017 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNEY, TOM 16901 NE 19 AVE N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGILL, ALICE 16901 NE 19 AVE N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAVER, WAYNE 16901 NE 19 AVE NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 life empowered.

SIGNATURE: Thomas Carney THOMAS CARNEY 3-2-04 305 787-6006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #