

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751569

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: NORTH MIAMI BEACH CRIME WATCH, INC.

**Current Principal Place of Business:**

16901 NORTHEAST 19TH AVE  
NORTH MIAMI BEACH, FL 331623112 US

**New Principal Place of Business:**

**Current Mailing Address:**

16901 NORTHEAST 19TH AVE  
NORTH MIAMI BEACH, FL 331623112 US

**New Mailing Address:**

FEI Number: 59-2013576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CARNEY, TOM  
16901 NE 19TH AVE  
N MIAMI BCH, FL 33162      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARNEY, TOM  
Address: 16901 NE 19 AVE  
City-St-Zip: N MIAMI BCH, FL

Title: SD ( ) Delete  
Name: MAGILL, ALICE  
Address: 16901 NE 19 AVE  
City-St-Zip: N MIAMI BCH, FL

Title: TD ( ) Delete  
Name: BAVER, WAYNE  
Address: 16901 NE 19 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CARNEY, TOM  
Address: 16901 NE 19 AVE  
City-St-Zip: N MIAMI BCH, FL 33162

Title: SD (X) Change ( ) Addition  
Name: MAGILL, ALICE  
Address: 16901 NE 19 AVE  
City-St-Zip: N MIAMI BCH, FL 33162

Title: TD (X) Change ( ) Addition  
Name: BAVER, WAYNE  
Address: 16901 NE 19 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TOM CARNEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

06/29/2005

\_\_\_\_\_ Date