

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

DOCUMENT# 751569

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 ( )

**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 33162

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS A. CARNEY

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date