

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 038 ****61.25

DOCUMENT # 753606

1. Entity Name
CORAL GABLES CITIZENS CRIME WATCH, INC.



Principal Place of Business
**2801 SALZEDO ST.
CORAL GABLES, FL 33134**

Mailing Address
**2801 SALZEDO ST.
CORAL GABLES, FL 33134**

40033301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2023898

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, WILLIAM
200 WASHINGTON DR.
CORAL GABLES, FL 33133**

Name **KARCHER, DAVID**

Street Address (P.O. Box Number is Not Acceptable)

1142 CORAL WAY

City **CORAL GABLES**

FL

Zip Code
33134

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

David P. Karcher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, WILLIAM	
STREET ADDRESS	200 WASHINGTON DR.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURR, ROBERT	
STREET ADDRESS	314 ROMANO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUCAS, KEN	
STREET ADDRESS	5665 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIUFFRIDA, FRANCIS	
STREET ADDRESS	800 VALENCIA AVE.	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARCHER, DAVID	
STREET ADDRESS	1142 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

David P. Karcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 305-661-2888

DATE Daytime Phone #