

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753606

FILED
Jan 15, 2009
Secretary of State

Entity Name: CORAL GABLES CITIZENS CRIME WATCH, INC.

Current Principal Place of Business:

2801 SALZEDO STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2801 SALZEDO STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2023898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KARCHER, DAVID
1142 CORAL WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GLASSER, AARON
90 EDGEWATER DRIVE PH 26
CORAL GABLES, FL 33133 US

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: AARON GLASSER

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KARCHER, DAVID
Address: 1142 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: GLASSER, AARON
Address: 90 EDGEWATER
City-St-Zip: CORAL GABLES, FL 33133

Title: STD () Delete
Name: PERRY, ARNOLD
Address: 3930 LE JEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLASSER, AARON
Address: 90 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: VD (X) Change () Addition
Name: PEPPER, JOHN
Address: 5665 PONCE DE LEON BOULEVARD #10
City-St-Zip: CORAL GABLES, FL 33146

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

I hereby certify that the information supplied with this filing does not qualify 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: AARON GLASSER

PD

01/15/2009

Electronic Signature of Signing Officer or Director

Date