2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90024 018 ****61.25

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1. Entity Name
THE CITIZENS CRIME WATCH OF BOCA RATON, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
100 NW SECOND AVE. BOCA RATON, FL 33432	100 NW SECOND AVE. BOCA RATON, FL 33432

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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2122617
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STORCH, CLEMENS A
601 SW 5TH ST
BOCA RATON, FL 33431

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	KOST, MARIE F
STREET ADDRESS	1937 PARK PL
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	FELICIO, JAMES
STREET ADDRESS	601 NW 10TH COURT
CITY-ST-ZIP	BOCA RATON, FL
TITLE	P
NAME	WHITTLE, HARRY
STREET ADDRESS	1239 NW 16TH ST
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	NADEAU, JEAN B
STREET ADDRESS	20 SE 13TH ST ST B-1
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	TD
NAME	STORCH, CLEMENS
STREET ADDRESS	601 SW 5TH ST.
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	VPD
NAME	PATRICIA McKAY
STREET ADDRESS	430 NE 3RD STREET
CITY-ST-ZIP	BOCA RATON, FL 33431

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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 like empowered.

SIGNATURE: Clemens A Storch RA & DIRECTOR 3/11/05 561-338-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #