

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756653

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

100 NW SECOND AVE.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

100 NW SECOND AVE.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-2122617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STORCH, CLEMENS A
601 SW 5TH ST
BOCA RATON, FL 33486 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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ALFERT, JORGE
Address: 343 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: FELICIO, JAMES
Address: 601 NW 10TH COURT
City-St-Zip: BOCA RATON, FL

Title: P () Delete
Name: WHITTLE, HARRY
Address: 1239 NW 16TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Delete
Name: PAEZ, RUTH
Address: 110 PINEHURST LN
City-St-Zip: BOCA RATON, FL 33431

Title: TD () Delete
Name: STORCH, CLEMENS
Address: 601 SW 5TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: VD (X) Delete
Name: BONIH, LOUIS
Address: 23409 WATER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALFERT, JORGE
Address: 343 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Change () Addition
Name: CORSO RUUD, WENDY
Address: 119 SEA ISLAND LANE
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Change () Addition
Name: WHITTLE, HARRY
Address: 1239 NW 16TH ST
City-St-Zip: BOCA RATON, FL 33486

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 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: CLEMENS A STORCH

D T

03/16/2009

Electronic Signature of Signing Officer or Director

Date