
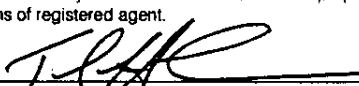
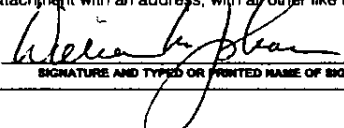


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 032 ****61.25

DOCUMENT # 758006 1. Entity Name CRIME STOPPERS COUNCIL OF BROWARD COUNTY, INC.					
Principal Place of Business 2601 W BROWARD BLVD FORT LAUDERDALE, FL 33312			Mailing Address P O BOX 81-7237 HOLLYWOOD, FL 33081 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2601 W. BROWARD BLVD. Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL.		City & State FT. LAUDERDALE, FL.		4. FEI Number 59-2126052	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOODLEY, JAMES J 4018 BUCHANAN ST HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name THOMAS H. LOFFREDO Street Address (P.O. Box Number is Not Acceptable) Grand Robinson, P.H. 401 E. LAS OLAS BLVD. #1850 City FT. LAUDERDALE FL Zip Code 33301	
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  THOMAS H. LOFFREDO, ATTORNEY 1/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, RALPH 1440 CORAL RIDGE DR., \$223 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICHARD CLARK 2601 W. BROWARD BLVD. FT. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOODLEY, JAMES J 4018 BUCHANAN ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WILLIAM JOHANSEN 2601 W. BROWARD BLVD. FT. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIANNIND, LEE 5028 NW 11 WAY DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D STEPHEN GREENBERGER 2601 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, DANA 1435 YELLOW HART WAY HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JOHN MORE 2601 W. BROWARD BLVD. FT. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  WILLIAM JOHANSEN, TREASURER 1/7/08 954-943-5492 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					