

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758435 (2)
1. Corporation Name
CITIZENS CRIME WATCH OF PEMBROKE PINES, INC.



Principal Place of Business Mailing Address
**10211 TAFT STREET
PEMBROKE PINES FL 33026-3256**

3. Date Incorporated or Qualified **05/20/1981** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 **10100 PINES BLVD.** 26 **10100 PINES BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2ND FLOOR** 27 **2ND FLOOR**
City & State City & State
23 **PEMBROKE PINES FL** 28 **PEMBROKE PINES FL**
Zip Country Zip Country
24 **33026** 25 **U.S.A.** 29 **33026** 30 **U.S.A.**

4. FEI Number **59-1898808** Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GLASSER, GLORIA
10211 TAFT STREET
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE **PPD**
NAME **GOMEZ, WANDA**
STREET ADDRESS **10211 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD**
NAME **ANDREW, FANDRE**
STREET ADDRESS **10211 TAFT STREET**
CITY-ST-ZIP **SUNRISE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD**
NAME **HERTEL, BARBARA**
STREET ADDRESS **10211 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TTD**
NAME **GLASSER, GLORIA**
STREET ADDRESS **10211 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **COHEN, SAM**
STREET ADDRESS **10211 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **DUTKO, EDWARD**
STREET ADDRESS **10211 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria Glasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA GLASSER

4/2/96

(954) 435-0794

Date Daytime Phone #

CR2E037 (12/95)