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Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

10100 PINES BLVD
2ND FLOOR
PEMBROKE PINES FL 33026
US

10100 PINES BLVD
2ND FLOOR
PEMBROKE PINES FL 33026-3900
US

3. Date Incorporated or Qualified
05/20/1981

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

10. Name and Address of New Registered Agent

GLASSER, GLORIA
10211 TAFT STREET
PEMBROKE PINES FL 33026

81 Name GLORIA GLASSER
82 Street Address (P.O. Box Number is Not Acceptable)
10100 PINES BLVD.
83 2ND FLOOR
84 City PEMBROKE PINES FL 85 Zip Code 33026

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 *Gloria Glasser*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PPD	<input type="checkbox"/> DELETE
NAME	GOMEZ, WANDA	
STREET ADDRESS	10211 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANDREW, FANDRE	
STREET ADDRESS	10211 TAFT STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERTEL, BARBARA	
STREET ADDRESS	10211 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TTD	<input type="checkbox"/> DELETE
NAME	GLASSER, GLORIA	
STREET ADDRESS	10211 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, SAM	
STREET ADDRESS	10211 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTKO, EDWARD	
STREET ADDRESS	10211 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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* GLORIA GLASSER TEXAS

2/18/97 (954) 435-6528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024016

CR2E037 (9/96)