

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758435

1. Corporation Name

CITIZENS CRIME WATCH OF PEMBROKE PINES, INC.

Principal Place of Business

10100 PINES BLVD
2ND FLOOR
PEMBROKE PINES FL 33026
US

Mailing Address

10100 PINES BLVD
2ND FLOOR
PEMBROKE PINES FL 33026
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90065 028 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/20/1981

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

9. Name and Address of Current Registered Agent

GLASSER, GLORIA
10100 PINES BLVD
2ND FLOOR
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

TITLE PPD ☐ DELETE
NAME GOMEZ, WANDA
STREET ADDRESS 10100 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VPD ☒ DELETE
NAME ANDREW, FANDRE
STREET ADDRESS 10100 PINES BLVD
CITY-ST-ZIP SUNRISE FL

TITLE SD ☐ DELETE
NAME HERTEL, BARBARA
STREET ADDRESS 10100 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE TTD ☐ DELETE
NAME GLASSER, GLORIA
STREET ADDRESS 10100 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE
NAME COHEN, SAM
STREET ADDRESS 10100 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE
NAME SWANTON, SANDRA
STREET ADDRESS 10100 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME SWANTON, SANDRA
1.3 STREET ADDRESS 10100 PINES BLVD
1.4 CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME BUDDY KAYE
2.3 STREET ADDRESS 10100 PINES BLVD
2.4 CITY-ST-ZIP PEMBROKE PINES FL

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

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

1/19/99 (954) 435-6528
Date Daytime Phone #

0024340

CR2E037 (11/98)