

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758435

FILED
Jan 04, 2007
Secretary of State

Entity Name: CITIZENS CRIME WATCH OF PEMBROKE PINES, INC.

Current Principal Place of Business:

501 NW 103 AVENUE
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

501 NW 103 AVENUE
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 59-1898808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASSER, GLORIA TREAS.
501 NW 103 AVENUE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: TAMAYO, RUDY PRES
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: V/D () Delete
Name: KEST, IRV VP
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: S/D () Delete
Name: BERGSTEIN, SUSAN SEC
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T/D () Delete
Name: GLASSER, GLORIA TREAS
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D () Delete
Name: ARMSTRONG, WILLIAM DIR
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D () Delete
Name: AMPS III, JAMES DIR
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: GLASSER, GLORIA S/TREAS
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D (X) Change () Addition
Name: LANDRESS, LARRY DIR
Address: 501 NW 103 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

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 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: RUDY TAMAYO

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date