

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 030 ****61.25

DOCUMENT # 761557		
1. Entity Name ALACHUA COUNTY CRIME STOPPERS, INC.		

Principal Place of Business 411 N. MAIN STREET GAINESVILLE, FL 32601	Mailing Address P.O. BOX 2603 GAINESVILLE, FL 32602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05042004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2374619		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LONG, GEORGE W III 620 NW 16TH AVE GAINESVILLE, FL 32602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

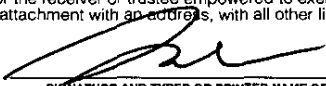
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WAGNER, SUE PO BOX 118405 GAINESVILLE, FL 32611 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ues Marston PO Box 998 Alachua, FL 32616 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, VIKKI PO BOX 1270 HAWTHORNE, FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jack Battenfield 3746 N.W. 28th Place Gainesville, FL 32605 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, VIKKI PO BOX 1270 HAWTHORNE, FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Leann Slaughter PO Box 128 Archer, FL 32618 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONG, GEORGE W III 620 NW 16 AVE GAINESVILLE, FL 32602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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:  5/4/04 352-378-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #