2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# 761557

Entity Name: ALACHUA COUNTY CRIME STOPPERS, INC.

Current Principal Place of Business:

411 N. MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

120 W UNIVERSITY AVE
GAINESVILLE, FL 32601

Current Mailing Address:

P.O. BOX 2603
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-2374619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONG, GEORGE W III
620 NW 16TH AVE
GAINESVILLE, FL 32602 US

Name and Address of New Registered Agent:

DAVIES, ELIZABETH P
3401 SW 100TH ST
GAINESVILLE, FL 32607 US

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: ELIZABETH P DAVIES 07/17/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: JEPPSON, STEVE
Address: 4332 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete
Name: BATHAFIELD, JACK
Address: 3746 N.W. 28TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete
Name: SLAUGHTER, LEANN
Address: PO BOX 128
City-St-Zip: ARCHER, FL 32618

Title: T ( ) Delete
Name: LONG, GEORGE W III
Address: 620 NW 16 AVE
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: SINGLETON, LINETTE
Address: P O BOX 357906
City-St-Zip: GAINESVILLE, FL 32653

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

Title: T (X) Change ( ) Addition
Name: DAVIES, ELIZABETH P
Address: 3401 SW 100TH STREET
City-St-Zip: GAINESVILLE, FL 32607

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: ELIZABETH P DAVIES T 07/17/2006
Electronic Signature of Signing Officer or Director — Date