

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761557

FILED
Jul 30, 2007
Secretary of State

Entity Name: ALACHUA COUNTY CRIME STOPPERS, INC.

Current Principal Place of Business:

120 W UNIVERSITY AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

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:

DAVIES, ELIZABETH P
3401 SW 100TH ST
GAINESVILLE, FL 32607 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: CD () Delete
Name: JEPPSON, STEVE
Address: 4332 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: NEWMAN, LOU
Address: 3949 NW 38TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD (X) Change () Addition
Name: KAM, ONILDA
Address: 4424 NW 13TH ST #100
City-St-Zip: GAINESVILLE, FL 32609

Title: S (X) Change () Addition
Name: SLAUGHTER, LEANN
Address: 13421 SW 173RD CT
City-St-Zip: ARCHER, FL 32618

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

I hereby certify that the information supplied with this filing does not qualify 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 DAVIES

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07/30/2007

Electronic Signature of Signing Officer or Director

Date