


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90056 006 \*\*\*\*61.25

**DOCUMENT # 763277**  
 1. Entity Name  
**CRIME STOPPERS OF PALM BEACH COUNTY, FLORIDA, INCORPORATED**



Principal Place of Business      Mailing Address  
**RUSSELL O. ANDERSON, CPA**      **RUSSELL O. ANDERSON, CPA**  
**618 U.S. HIGHWAY ONE SUITE 2**      **618 U.S. HIGHWAY ONE SUITE 2**  
**NORTH PALM BEACH FL 33408**      **NORTH PALM BEACH FL 33408**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2112742**      Applied For  
                          **59-2115742**      Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE      CR2E037 (10/06)



**6. Name and Address of Current Registered Agent**  
**ANDERSON, RUSSELL O.**  
**2400 PGA BLVD., SUITE 2**  
**PALM BCH. GARDENS FL 33410**

*618 U.S. Highway One Suite 404 North Palm Beach, FL 33408*

**7. Name and Address of New Registered Agent**  
 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 registering))      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Actions
P	MORROW, JACQUELINE	17725 82ND ROAD NORTH	LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/> Delete
VP	POLLARD, NICHOLAS	7907 SPRINGDALE DRIVE	LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
T	ANDERSON, RUSSELL	2400 PGA BLVD., SUITE 2	PALM BCH. GARDENS FL 33410	<input type="checkbox"/> Delete
SD	ROY, WILMA	4393 PALO VERDE DRIVE	BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Actions
President	John Shwimer	11924 Forest Hill Blvd. #22-308	Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	Anthony Genovese	3491 Chickasaw Circle	Greenacres City, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	Russell Anderson	618 U.S. Highway One Suite 404	North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	Heidi Lupo	2400 Portofino Circle	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *John Shwimer President*      *2/9/07*      *561.792.2294*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #