


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 027 ****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
3228 Gun Club Road **4956 Camellia Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
West Palm Beach, FL **Marianna, FL**
 Zip Country Zip Country
33406 **Palm Beach** **32444** **Jackson**


 1st MOORE CR2E037 (10/07)
 4. FEI Number **59-2112742** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	SWINNER, JOHN	
STREET ADDRESS	111924 FOREST HILL BLVD. # 22-308	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GENOVESE, ANTHONY	
STREET ADDRESS	3491 CHICKASAW CIR.	
CITY-ST-ZIP	GREENACRES CITY FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, RUSSELL	
STREET ADDRESS	618 US HWY. ONE SUITE 404	
CITY-ST-ZIP	NORTH PALM BEACH FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUPO, HEIDI	
STREET ADDRESS	2600 PORTOFINO CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 6245	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 6245	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO Box 32039	
CITY-ST-ZIP	Palm Beach Gardens, FL 33420	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 6245	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Swiner 7/8/08