

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763277

FILED
Feb 12, 2009
Secretary of State

Entity Name: CRIME STOPPERS OF PALM BEACH COUNTY, FLORIDA, INCORPORATED

Current Principal Place of Business:

3228 GUN CLUB RD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

4956 CAMELLIA DR
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-2112742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, RUSSELL O.
2400 PGA BLVD., SUITE 2
PALM BCH. GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ANDERSON, RUSSELL O.
749 U.S. HIGHWAY ONE
SUITE 100
NORTH PALM BEACH, FL 33408 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: _____

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNWINNER, JOHN
Address: PO BOX 6245
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP () Delete
Name: GENOVESE, ANTHONY
Address: PO BOX 6245
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T () Delete
Name: ANDERSON, RUSSELL
Address: PO BOX 32039
City-St-Zip: WEST PALM BEACH, FL 33420

Title: S () Delete
Name: LUPO, HEIDI
Address: PO BOX 6245
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHWINER, JOHN
Address: PO BOX 6245
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

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: JOHN SHWINER

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date