

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763386

FILED
Jan 06, 2005
Secretary of State

Entity Name: CRIME STOPPERS OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

1030 NW 111 AVE.
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1030 NW 111 AVE.
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-2214818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ITURRIOZ, TED
1030 NW 111 AVE
MIAMI, FL 33172 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: D () Delete
Name: SULLIVAN, JACK
Address: 1030 NW 111 AVE.
City-St-Zip: MIAMI, FL 33172

Title: PRES () Delete
Name: ITURRIOZ, TED
Address: 1030 NW 111 AVE
City-St-Zip: MIAMI, FL 33172

Title: VP () Delete
Name: SUTHERLAND, MIMI
Address: 3114 MARY ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: SEC () Delete
Name: THORNBURG, PATRICIA J
Address: 1030 NW 111 AVE
City-St-Zip: MIAMI, FL 33172

Title: TRES () Delete
Name: MORRIS, EDWARD
Address: 1030 NW 111 AVE
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: POORMAN, JOHN
Address: 25 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRES (X) Change () Addition
Name: MURPHY, WILLIAM A
Address: 1030 NW 111 AVE
City-St-Zip: MIAMI, FL 33172

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK SULLIVAN

DIR

01/06/2005

Electronic Signature of Signing Officer or Director

Date