

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90076 036 ****61.25

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # 763386 1. Entity Name CRIME STOPPERS OF MIAMI-DADE COUNTY, INC. | | | | | |
| Principal Place of Business 1030 NW 111 AVE. MIAMI, FL 33172 | | | Mailing Address 1030 NW 111 AVE. MIAMI, FL 33172 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 59-2214818 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ITURRIOZ, TED 1030 NW 111 AVE MIAMI, FL 33172 | | | | 7. Name and Address of New Registered Agent Name Jack Sullivan Street Address (P.O. Box Number is Not Acceptable) 1030 NW 111th Avenue City Miami FL Zip Code 33172 | |
| 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 | | Jack Sullivan <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting))</small> | | 3-1-6 <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SULLIVAN, JACK | | NAME | | |
| STREET ADDRESS | 1030 NW 111 AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | | |
| TITLE | PRES <input checked="" type="checkbox"/> Delete | | TITLE | Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ITURRIOZ, TED | | NAME | Rick Lerner | |
| STREET ADDRESS | 1030 NW 111 AVE | | STREET ADDRESS | 1030 NW 111th Avenue | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | VP <input checked="" type="checkbox"/> Delete | | TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SUTHERLAND, MIMI | | NAME | Suzette Rice | |
| STREET ADDRESS | 3114 MARY ST | | STREET ADDRESS | 1030 NW 111th Avenue | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | | CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | SEC <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THORNBURG, PATRICIA J | | NAME | | |
| STREET ADDRESS | 1030 NW 111 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | | |
| TITLE | TRES <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MURPHY, WILLIAM A | | NAME | | |
| STREET ADDRESS | 1030 NW 111 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: | | Jack Sullivan | | 3-1-6 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> 305-471-6160 | |