
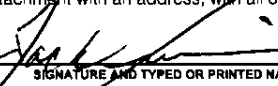


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763386</b>		
1. Entity Name <b>CRIME STOPPERS OF MIAMI-DADE COUNTY, INC.</b>		
Principal Place of Business <b>1030 NW 111 AVE. MIAMI, FL 33172</b>	Mailing Address <b>1030 NW 111 AVE. MIAMI, FL 33172</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SULLIVAN, JACK 1030 NW 111 AVE MIAMI, FL 33172</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JACK 1030 NW 111 AVE. MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LERNE, RICK 1030 NW 111 AVE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, SUZETTE 1030 NW 111TH AVE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC THORNBURG, PATRICIA J 1030 NW 111 AVE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MURPHY, WILLIAM A 1030 NW 111 AVE MIAMI, FL 33172	
TITLE 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 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 another like empowered.		
SIGNATURE:  <b>JACK SULLIVAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2214818</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000821167  
02/19/08-80012-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

2/5/8 305-471-6160

Date Daytime Phone #