

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 034 ****61.25

DOCUMENT # 764726

1. Entity Name
**THE PORT ST. LUCIE NEIGHBORHOOD CRIME WATCH,
INC**



Principal Place of Business
**121 S.W PORT ST. LUCIE BLVD.
PT ST LUCIE, FL 34984**

Mailing Address
**121 S.W PORT ST. LUCIE BLVD.
PT ST LUCIE, FL 34984**

50005441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2231674

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIRGINIA GENTHER
602 CARDINAL DR NW
PT ST LUCIE, FL 34983**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME VIRGINIA GENTHER
STREET ADDRESS 602 CARDINAL DR NW
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE TD ☒ Change ☐ Addition
NAME John Gauvreau
STREET ADDRESS 1090 SW Mockingbird Dr.
CITY-ST-ZIP Port St. Lucie Florida 34986

TITLE D ☐ Delete
NAME ERIKSEN, DONALD
STREET ADDRESS 651 S.E. DELANEY LN.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34997

TITLE D ☐ Change ☒ Addition
NAME Ofc. Wagner Leite
STREET ADDRESS 121 SW Port St. Lucie Blvd.
CITY-ST-ZIP Port St. Lucie, Florida 34984

TITLE COV ☐ Delete
NAME HINCHCLIFFE, WILBERT
STREET ADDRESS 607 SE CALMOSO DR.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME SMITH, THOMAS O
STREET ADDRESS 173 SE PISCES TERR.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COV ☐ Delete
NAME CARTER, RAYMOND
STREET ADDRESS 642 NW RIVERSIDE DR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LINDGREN, DONNA
STREET ADDRESS 2125 SW E DUNBROOK CR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☐ Change ☐ 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 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:

Virginia Genther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 772-871-5035
Date Daytime Phone #