


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90201 007 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2231674	
				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			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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUREAU, JOHN		NAME		
STREET ADDRESS	1090 SW MOCKINGBIRD DR		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSEN, DONALD		NAME		
STREET ADDRESS	651 S.E. DELANEY LN.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34997		CITY-ST-ZIP		
TITLE	COV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINCHCLIFFE, WILBERT		NAME		
STREET ADDRESS	607 SE CALMOSO DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEITE, OFC. WAGNER		NAME		
STREET ADDRESS	121 SW PORT ST. LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	COV	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTER, RAYMOND		NAME	VP RAYMOND TREACY	
STREET ADDRESS	642 NW RIVERSIDE DR		STREET ADDRESS	3070 SE GALT CIR.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP	PORT ST LUCIE, FL 34984	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LINDGREN, DONNA		NAME	BRENDA KELLERMAN	
STREET ADDRESS	2125 SW E DUNBROOK CR		STREET ADDRESS	121 SW PORT ST. LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/17/07 Daytime Phone # _____		