

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764726

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2231674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIRGINIA GENTHER
602 CARDINAL DR NW
PT ST LUCIE, FL 34983 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: TD () Delete
Name: GAUREAU, JOHN
Address: 1090 SW MOCKINGBIRD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: LEITE, OFC. WAGNER
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: V () Delete
Name: TREACY, RAYMOND
Address: 3070 S.E. GALT CIR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S () Delete
Name: KELLEAMAN, BRENDA
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GAUVREAU, JOHN A
Address: 1090 SW MOCKINGBIRD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Change () Addition
Name: CAMARA, OFC. STEVE
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP (X) Change () Addition
Name: TAYLOR, SHEILA
Address: 302 SW CHERRYHILL ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Change () Addition
Name: CARPOLINGUA, MODESTA
Address: 10073 PERFECT DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIRGINIA GENTHER

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date