

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 APR 19 PM 3:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 769626

1. Corporation Name
CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.

Principal Place of Business
 PO BOX 03088
 FORT LAUDERDALE F: 33308

Mailing Address
 PO BOX 03088
 FORT LAUDERDALE F: 33308

REINSTATEMENT 99.00

2. Principal Place of Business 21 CITY HALL FL LOLE	2a. Mailing Address 26 AS ABOVE	3. Date Incorporated or Qualified 07/29/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2347556
22	27	Applied For Not Applicable
City & State 23 Ft. Lauderdale	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33301	Country 25 BROWARDS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent ALLENBY, JACK 3155 N PALM AIRE DR #105 POMPANO BEACH FL 33069	10. Name and Address of New Registered Agent 81 Name LARHONDA WARE 82 Street Address (P.O. Box Number is Not Acceptable) 404 NW 18th AVE 83 84 City Ft. Lauderdale FL 85 Zip Code 33311
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **LARHONDA WARE T.O.** DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BONEY, LINDA G		1.2 NAME	
STREET ADDRESS 1700 S.W. 7TH TCE		1.3 STREET ADDRESS	800003222748--2
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP	-04/25/00--01045--004
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	****297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN, JOY		2.2 NAME	
STREET ADDRESS 209 N.E. 5TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLENBY, JACK		3.2 NAME	TREASURER
STREET ADDRESS 3155 N. PALM AIRE DRIVE, #105		3.3 STREET ADDRESS	LARHONDA WARE
CITY-ST-ZIP POMPANO BEACH FL 33309		3.4 CITY-ST-ZIP	3155 N. PALM AIRE DR
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, MARJORIE		4.2 NAME	
STREET ADDRESS 1713 N.W. 5TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DETTMAN, RAYMOND		5.2 NAME	
STREET ADDRESS 309 S.E. 22ND STREET		5.3 STREET ADDRESS	LS
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAYERS, PATRICIA		6.2 NAME	
STREET ADDRESS 549 N.E. 11TH AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE: **11/1/00** DAYTIME PHONE #: **763-8134**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR