

FILED
May 03, 2001 8:00 am
Secretary of State

03-05-2001 90333 025 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769626

1. Entity Name

CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.

Principal Place of Business

PO BOX 03088
FORT LAUDERDALE FL 33308

Mailing Address

PO BOX 03088
FORT LAUDERDALE FL 33308

00030626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 4712

Suite, Apt. #, etc.

3. Mailing Address

PO Box 4712

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

4. FEI Number

59-2347556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WARE, LARHONDA~~
~~404 N.W. 18TH AVENUE~~
~~FT. LAUDERDALE FL 33311~~

PATRICIA A Mayers
549 NE 11 AVE
Ft Lauderdale FL 33301

7. Name and Address of New Registered Agent

Name: PAT MAYERS
Street Address (P.O. Box Number is Not Acceptable)
549 NE 11 AVE
City: Ft L. FL Zip Code: 33301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | PO Vice President | <input type="checkbox"/> Delete |
| NAME | BONEY, LINDA G | |
| STREET ADDRESS | 1700 S.W. 7TH TCE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | Secretary Assistant | <input type="checkbox"/> Delete |
| NAME | HOFFMAN, JOY | |
| STREET ADDRESS | 209 N.E. 5TH STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | Director | <input checked="" type="checkbox"/> Delete |
| NAME | WARE, LARHONDA | |
| STREET ADDRESS | 404 N.W. 18TH AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | DAVIS, MARJORIE | |
| STREET ADDRESS | 1713 N.W. 5TH STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | Director | <input checked="" type="checkbox"/> Delete |
| NAME | DETMAN, RAYMOND | |
| STREET ADDRESS | 309 S.E. 22ND STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | President #1/2005 | <input type="checkbox"/> Delete |
| NAME | MAYERS, PATRICIA | |
| STREET ADDRESS | 549 N.E. 11TH AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---|
| TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lisa Pisut | |
| STREET ADDRESS | 500 SE 12 Court | |
| CITY-ST-ZIP | Ft L. FL 33316 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lisa Pisut | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PAT Mayers | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 549 NE 11 AVE | acting |
| STREET ADDRESS | Ft Lauderdale FL 33301 | Trust Pro. |
| CITY-ST-ZIP | | |
| TITLE | Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sue Haberland | |
| STREET ADDRESS | 2873 SW 14 Ave | |
| CITY-ST-ZIP | Ft Lauderdale FL 33312 | |
| TITLE | Annie Gregory | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 505 NW 19 AVE | Director |
| STREET ADDRESS | Ft Lauderdale FL 33311 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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

PATRICIA A MAYERS
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

5/3/01 768-0850

CR2E037 (10/00)