

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

Zip

Zip

Country

Country

33338

USA

33338

USA

5. Certificate of Status Desired

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

PATRICIA A Mayers
549 NE 11 AVE
Ft Lauderdale FL 33301

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

Patricia A Mayers

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	WARE, LARHONDA	<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	DETMAN, RAYMOND	<input checked="" type="checkbox"/> Delete
NAME	DETMAN, RAYMOND	
STREET ADDRESS	309 S.E. 22ND STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	MAYERS, PATRICIA	
STREET ADDRESS	549 N.E. 11TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Pisu	
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 Pisu	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAT Mayers	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA A MAYERS	
STREET ADDRESS	549 NE 11 AVE	
CITY-ST-ZIP	Ft Lauderdale FL 33301	
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	ANNIE GREGORY	
STREET ADDRESS	505 NW 19 AVE	
CITY-ST-ZIP	Ft Lauderdale FL 33311	
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 #

PATRICIA A MAYERS 2/20/01 768-0850

CRE037 (10/00)