


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90023 037 ****61.25

DOCUMENT # 769626 1. Entity Name CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.					
Principal Place of Business PO BOX 4712 FT LAUDERDALE, FL 33338			Mailing Address PO BOX 4712 FT LAUDERDALE, FL 33338		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MAYERS, PAT 549 NE 11 AVE FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent 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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	V.P. GIBBONEY, LINDA <input type="checkbox"/> Delete 1700 NW 7TH TERRACE FT LAUDERDALE, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, JOY <input type="checkbox"/> Delete 209 N.E. 5TH STREET FT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISUT, LISA <input checked="" type="checkbox"/> Delete 500 SE 12 COURT FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUSAN HABERLAND 2873 SW 14th street FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARJORIE <input checked="" type="checkbox"/> Delete 1713 N.W. 5TH STREET FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRIS SUAREZ 3549 SW 16th COURT FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, ANNIE <input type="checkbox"/> Delete 505 NW 19 AVE FORT LAUDERDALE, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAYERS, PATRICIA <input type="checkbox"/> Delete 549 N.E. 11TH AVENUE FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>A Susan Haberland</i> <i>Susan Haber</i> 4/06/05 954-587-6559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					