



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 769626</b> 1. Entity Name CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.	
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FILED  
06 OCT 18 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 4712 FT LAUDERDALE, FL 33338	Mailing Address PO BOX 4712 FT LAUDERDALE, FL 33338
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2. Principal Place of Business <i>meeting</i> City Hall - Fort Lauderdale	3. Mailing Address <i>do not mail</i> Citizens Crime Alert of Ft Lauderdale	
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Suite, Apt. #, etc. 100 N. Andrews Ave	Suite, Apt. #, etc. 549 NE 11th Ave	10152006 REIN-NP	CR2E099 (11/05)
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4. FEI Number 59-2347556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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  State: <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GIBBONEY, LINDA 1700 NW 7TH TERRACE FT LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition  900080957559 10/18/06--01034--014 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, JOY 209 N.E. 5TH STREET FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HABERLAND, SUSAN 2873 SW 14TH STREET FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition  Cathy Curry 1709 SW 15th St Ft Lauderdale, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, CHRIS 3549 SW 16TH CT FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, ANNIE 505 NW 19 AVE FORT LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition  P RAY DETTMAN 1900 Miami Road Fort Lauderdale, FL 33316-3531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAYERS, PATRICIA 549 N.E. 11TH AVENUE FT. LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition  10/10/24

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Mayers 10/15/06 954-763-7863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #