

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769626

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

CITY HALL - FORT LAUDERDALE  
100 N. ANDREWS AVE  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAT MAYERS  
549 NE 11 AVE  
FORT LAUDERDALE, FL 333011225

**New Mailing Address:**

FEI Number: 59-2347556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYERS, PAT  
549 NE 11 AVE  
FORT LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: GIBBONEY, LINDA  
Address: 1700 NW 7TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: S      ( ) Delete  
Name: HOFFMAN, JOY  
Address: 209 N.E. 5TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T      ( ) Delete  
Name: CURRY, CATHY  
Address: 1709 NW 15 PL  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D      ( ) Delete  
Name: SUAREZ, CHRIS  
Address: 3549 SW 16TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D      ( ) Delete  
Name: DETTMAN, RAY  
Address: 1900 MIAMI ROAD  
City-St-Zip: FORT LAUDERDALE, FL 333163531

Title: P      ( ) Delete  
Name: MAYERS, PATRICIA  
Address: 549 N.E. 11TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MAYERS

P

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date