

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
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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