

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90092 015 \*\*\*\*61.25

<b>DOCUMENT # N00000003079</b>					
<b>1. Entity Name</b> <b>CRIME STOPPERS OF MARION COUNTY, INC.</b>					
<b>Principal Place of Business</b> <del>BJ TROPHIES</del> <del>1735 JACKSONVILLE RD</del> <del>OCALA, FL 34470</del>			<b>Mailing Address</b> <del>1735 JACKSONVILLE RD</del> <del>OCALA, FL 34470</del>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>Leo Smith Investigations,</b> Suite, Apt. #, etc. <b>Inc.</b> <b>3445 SE 45th Street</b> <b>Ocala FL</b>		<b>3. Mailing Address</b> <b>Crime Stoppers of Marion</b> Suite, Apt. #, etc. <b>County, Inc.</b> <b>P. O. Box 6930</b> <b>Ocala FL</b>		<b>40014016</b>  	
<b>City &amp; State</b> <b>Ocala FL</b>		<b>City &amp; State</b> <b>Ocala FL</b>		<b>4. FEI Number</b> <b>59-3645883</b>	
<b>Zip</b> <b>34480</b>		<b>Country</b> <b>Marion</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HERSHBERGER, FLOYD</b> <b>1735 NE JACKSONVILLE RD</b> <b>OCALA, FL 34470</b>		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Leo Smith</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>3445 SE 45th Street</b> <b>Ocala</b> <b>City</b> <b>FL</b> <b>Zip Code</b> <b>34480</b>			
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Leo Smith, Chairman</b>		<b>1/16/07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>CD</b>	<b>NAME</b> <b>HERSHBERGER, FLOYD</b>		<b>TITLE</b> <b>CD</b>	<b>NAME</b> <b>Leo Smith</b>	
<b>STREET ADDRESS</b> <b>1735 NE JACKSONVILLE RD</b>	<b>CITY - ST - ZIP</b> <b>OCALA, FL 34470</b>		<b>STREET ADDRESS</b> <b>3445 SE 45th Street</b>	<b>CITY - ST - ZIP</b> <b>Ocala FL 34480</b>	
<b>TITLE</b> <b>SD</b>	<b>NAME</b> <b>MOORE, JUDY</b>		<b>TITLE</b> <b>TD</b>	<b>NAME</b> <b>D. April Southall</b>	
<b>STREET ADDRESS</b> <b>115 SE 25TH AVE</b>	<b>CITY - ST - ZIP</b> <b>OCALA, FL 34471</b>		<b>STREET ADDRESS</b> <b>7305 SW 22nd Street</b>	<b>CITY - ST - ZIP</b> <b>Ocala FL 34474</b>	
<b>TITLE</b> <b>VCD</b>	<b>NAME</b> <b>FIELDHOUSE, JIM</b>		<b>TITLE</b> <b>TD</b>	<b>NAME</b> <b>D. April Southall</b>	
<b>STREET ADDRESS</b> <b>14180 SE 53RD AVE</b>	<b>CITY - ST - ZIP</b> <b>SUMMERFIELD, FL 34491</b>		<b>STREET ADDRESS</b> <b>7305 SW 22nd Street</b>	<b>CITY - ST - ZIP</b> <b>Ocala FL 34474</b>	
<b>TITLE</b> <b>TD</b>	<b>NAME</b> <b>TURNER, EDNA</b>		<b>TITLE</b> <b>TD</b>	<b>NAME</b> <b>D. April Southall</b>	
<b>STREET ADDRESS</b> <b>207 NW 2ND ST</b>	<b>CITY - ST - ZIP</b> <b>OCALA, FL 34470</b>		<b>STREET ADDRESS</b> <b>7305 SW 22nd Street</b>	<b>CITY - ST - ZIP</b> <b>Ocala FL 34474</b>	
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b>		<b>Leo Smith, Chairman</b>		<b>1/16/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	