2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N00000003079

Entity Name: CRIME STOPPERS OF MARION COUNTY, INC.

Current Principal Place of Business:

LEO SMITH INVESTIGATIONS, INC
3445 SE 45TH STREET
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

CRIME STOPPERS OF MARION COUNTY, INC
PO BOX 6930
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3645883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LEO
3445 SE 45TH STREET
OCALA, FL 34480 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: CD ( ) Delete
Name: SMITH, LEO
Address: 3445 SE 45TH STREET
City-St-Zip: OCALA, FL 34480

Title: SD ( ) Delete
Name: MOORE, JUDY
Address: 115 SE 25TH AVE
City-St-Zip: OCALA, FL 34471

Title: VCD ( ) Delete
Name: THIGPIN, JULIA
Address: 1803 NW 35TH ST
City-St-Zip: OCALA, FL 344754210

Title: TD ( ) Delete
Name: SOUTHALL, D. APRIL
Address: 7305 SW 22ND STREET
City-St-Zip: OCALA, FL 34474

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:

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: LEO SMITH CD 01/12/2009

Electronic Signature of Signing Officer or Director — Date