

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003079

FILED  
Jan 10, 2012  
Secretary of State

**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  
Name: SMITH, LEO  
Address: 3445 SE 45TH STREET  
City-St-Zip: Ocala, FL 34480

Title: SD  
Name: BROWN, JACALYN  
Address: 233 SW 3RD ST  
City-St-Zip: Ocala, FL 34474

Title: VCD  
Name: THIGPIN, JULIA  
Address: 1803 NW 35TH ST  
City-St-Zip: Ocala, FL 344754210

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

I hereby 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 all other like empowered.

SIGNATURE: LEO SMITH

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date