

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008391

FILED  
Jul 03, 2009  
Secretary of State

**Entity Name:** CRIME WATCH COALITION, INC.

**Current Principal Place of Business:**

12809 HONEYBROOK DRIVE  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

12809 HONEYBROOK DRIVE  
HUDSON, FL 34669

**New Mailing Address:**

**FEI Number:** 59-3692681      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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: PD      ( ) Delete  
Name: BLOTTA, JOSEPH  
Address: 12809 HONEYBROOK DRIVE  
City-St-Zip: HUDSON, FL 34669

Title: STD      ( ) Delete  
Name: SHAPIRO, JOAN  
Address: 12317 SMOKEY DR  
City-St-Zip: HUDSON, FL 34669

Title: D      ( ) Delete  
Name: BLOTTA, LYDIA  
Address: 12809 HONEY BROOK DR  
City-St-Zip: HUDSON, FL 34669

**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:

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: LYDIA BLOTTA

D

07/03/2009

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

\_\_\_\_\_  
Date