

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N00328 1. Entity Name FLORIDA ASSOCIATION OF CRIME STOPPERS, INC.	
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Principal Place of Business P.O. BOX 5766 TAMPA, FL 33675	Mailing Address P.O. BOX 5766 TAMPA, FL 33675
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04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054149	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ERB, CALVIN W. 3230 SOUTH GATE CIRCLE SARASOTA, FL 34239

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IN THIS SPACE**

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000505905
04/26/06-80133-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN CAMP, JEFF SR. 1700 WEST LEONARD ST PENSACOLA, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHACHNER, VINCE PO BOX 1829 FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HABER, LISA 2008 E 8TH AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GULKIS, NORM 2522 PRETTY BAYOU ISLE DR. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

Sh *Gulkis* *TD* *4/10/06*