

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00328

FILED
Jun 29, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CRIME STOPPERS, INC.

Current Principal Place of Business:

P.O. BOX 5766
TAMPA, FL 33675

New Principal Place of Business:

312 TERRACE DRIVE
BRANDON, FL 33510

Current Mailing Address:

P.O. BOX 5766
TAMPA, FL 33675

New Mailing Address:

FEI Number: 65-1054149 **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:

Name and Address of New Registered Agent:

MCGHIN, KATHY
234 EAST 7TH AVENUE
TALLAHASSEE, FL 32303 US

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: P () Delete
Name: ROWLAND, STEVEN J
Address: 11420-30TH CANE E
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: BERGIN, BARBARA
Address: PO BOX 913
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: HABER, LISA
Address: 2008 E 8TH AVE
City-St-Zip: TAMPA, FL 33605

Title: T () Delete
Name: MCGHIN, KATHY
Address: PO BOX 938
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WILSON, CINDY
Address: 312 TERRACE DRIVE
City-St-Zip: BRANDON, FL 33510

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: CINDY WILSON

SD

06/29/2009

Electronic Signature of Signing Officer or Director

Date