

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01838

FILED
Feb 09, 2007
Secretary of State

Entity Name: RIDGE MANOR AREA CRIME WATCH, INC.

Current Principal Place of Business:

34558 ORCHID PARKWAY
RIDGE MANOR, FL 33523

New Principal Place of Business:

Current Mailing Address:

34558 ORCHID PARKWAY
RIDGE MANOR, FL 33523 US

New Mailing Address:

FEI Number: 59-2163401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFILIPPO, CAROL
34558 ORCHID PARKWAY
RIDGE MANOR, FL 33523 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: DEFILIPPO, ROBERT W
Address: 34558 ORCHID PKWY
City-St-Zip: RIDGE MANOR, FL 33523

Title: VPD () Delete
Name: MILLER, WILLIAM,
Address: 5067 LAKEWOOD DR.
City-St-Zip: RIDGE MANOR, FL 33523

Title: SD () Delete
Name: MILLER, PAULINE,
Address: 5067 LAKEWOOD DR.
City-St-Zip: RIDGE MANOR, FL 33523

Title: TD () Delete
Name: DEFILIPPO, CAROL
Address: 34558 ORCHID PKWY
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: RITZ, RON & JOANNE
Address: 34770 ORCHID PKWY
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: DEAL, LAWRENCE
Address: 34640 ORCHID PKWY
City-St-Zip: RIDGE MANOR, FL 33523

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:

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City-St-Zip:

Title: () Change () Addition
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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 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: ROBERT W. DEFILIPPO

PRES

02/09/2007

Electronic Signature of Signing Officer or Director

Date