

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004226

FILED
Mar 14, 2005
Secretary of State

Entity Name: CRIME STOPPERS OF WALTON COUNTY, INC.

Current Principal Place of Business:

133 SHERIFF DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

133 SHERIFF DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 43-1969453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTH, JAMES C
30 EAST PINEHURST DRIVE
SANTA ROSA BEACH, FL 32459 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: D () Delete
Name: COOPER, TOM
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: BARTH, JAMES
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: BELL, CHRISTINE
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: TEDESCO, PAMELA
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: SANCHEZ, SAMMY
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DT () Delete
Name: SNOW, JANET
Address: 980 SHORE DR.
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIVERS, EDDIE
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

Title: DS (X) Change () Addition
Name: MAGEE, PATRICIA
Address: 133 SHERIFF DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 for the exemption stated in Section 119.07(3)(i), 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: JANET SNOW

DT

03/14/2005

Electronic Signature of Signing Officer or Director

Date