

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005081

1. Entity Name
SOUTH FLORIDA CRIME COMMISSION, INC.



Principal Place of Business
**150 SOUTH PINE ISLAND RD SUITE 400
PLANTATION, FL 33324**

Mailing Address
**P.O. BOX 5038
LIGHTHOUSE PT., FL 33074**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4535583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIBANOFF, IRA L ESQ
150 SOUTH PINE ISLAND RD SUITE 400
PLANTATION, FL 33324**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEL, LEWIS S 150 SOUTH PINE ISLAND RD SUITE 400 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROK, THOMAS 150 SOUTH PINE ISLAND RD SUITE 400 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTUCCI, ARTHUR 150 SOUTH PINE ISLAND RD., STE 400 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/07-80041-009 61.25

**DO NOT WRITE
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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-07

Date

954-642-1520

Daytime Phone #