

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009708

FILED
Apr 21, 2005
Secretary of State

Entity Name: YOUTH CRIME WATCH OF BROWARD COUNTY, INC.

Current Principal Place of Business:

450 N. W. 106 TERR.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

450 N. W. 106 TERR.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 74-3110969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILL, BARBARA J
1150 N. W. 120 AVENUE
PLANTATION, FL 33323 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: TILL, BARBARA
Address: 1150 N. W. 120 AVENUE
City-St-Zip: PLANTATION, FL 33026

Title: PD () Delete
Name: BROWNE, REGINALD
Address: 7720 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: VD () Delete
Name: GIANI, MARGARET
Address: 7720 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete
Name: BERG, MICHAEL
Address: 7720 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: TAMAYO, RUDY
Address: 450 N W 106 TERR
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TILL, BARBARA
Address: 1150 N. W. 120 AVENUE
City-St-Zip: PLANTATION, FL 33323

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

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

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: BARBARA J. TILL

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date