

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

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008441

1. Entity Name
DEERFIELD CRIME WATCH INC.



Principal Place of Business
**15408 CAMBRIA DR.
BROOKSVILLE, FL 34604 US**

Mailing Address
**15408 CAMBRIA DR.
BROOKSVILLE, FL 34604 US**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1496078

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIAVAROLI, JOSEPH
15408 CAMBRIA DRIVE
BROOKSVILLE, FL 34604**

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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	P
NAME	CHIAVAROLI, JOSEPH P
STREET ADDRESS	15408 CAMBRIA DR.
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	VP
NAME	GEIBEL, WALTER VP
STREET ADDRESS	15432 CAMBRIA DR.
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	SEC
NAME	CHIAVAROLI, JOYCE SEC/TRE
STREET ADDRESS	15408 CAMBRIA DR.
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80081-001 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: *Joseph Chiavaroli* **Joseph Chiavaroli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07

Date

352-754-8681

Daytime Phone #