

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008441

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: DEERFIELD CRIME WATCH INC.

**Current Principal Place of Business:**

15408 CAMBRIA DR.  
BROOKSVILLE, FL 34604 US

**New Principal Place of Business:**

**Current Mailing Address:**

15408 CAMBRIA DR.  
BROOKSVILLE, FL 34604 US

**New Mailing Address:**

FEI Number: 37-1496078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHIAVAROLI, JOSEPH  
15408 CAMBRIA DRIVE  
BROOKSVILLE, FL 34604 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: P ( ) Delete  
Name: CHIAVAROLI, JOSEPH P  
Address: 15408 CAMBRIA DR.  
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: VP ( ) Delete  
Name: GEIBEL, WALTER VP  
Address: 15432 CAMBRIA DR.  
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: SEC ( ) Delete  
Name: CHIAVAROLI, JOYCE SEC/TRE  
Address: 15408 CAMBRIA DR.  
City-St-Zip: BROOKSVILLE, FL 34604 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GEIBEL, WALTER VP  
Address: 15454 SARATOGA DR.  
City-St-Zip: BROOKSVILLE, FL 34604 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE CHIAVAROLI

SEC

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date