FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # N04043 (8)

1. Corporation Name
TALLAHASSEE CRIME STOPPERS, INC.

Principal Place of Business	Mailing Address
234 E. 7TH AVE. TALLAHASSEE FL 32303-5519	234 E. 7TH AVE. TALLAHASSEE FL 32303-5519

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2485578 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROUX, JEFF
234 E. 7TH AVE.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jeffrey R. Roux 2-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GIRTMAN, BEN	1.2 NAME	
STREET ADDRESS	1020 E LAFAYETTE ST #207	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRENCH, NANCY JO	2.2 NAME	
STREET ADDRESS	1170 CAPITAL CIRCLE, SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL 32301	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE TD, PETERSON, DUNCAN	☑ Change ☐ Addition
NAME	COTTRELL, JEAN	3.2 NAME	
STREET ADDRESS	217 N. MONROE STREET	3.3 STREET ADDRESS 217 N. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP TALLAHASSEE FL 32301	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	GAVALAS, MIKE	4.2 NAME	
STREET ADDRESS	212 S. MONROE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: Ben E. Girtman 2/17/95 904/656-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEN E. GIRTMAN

0000300