

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90022 034 \*\*\*\*61.25

<b>DOCUMENT # N05000009212</b>					
<b>1. Entity Name</b> HERNANDO COUNTY CRIME STOPPERS, INC.					
<b>Principal Place of Business</b> 18900 CORTEZ BLVD. BROOKSVILLE, FL 34601			<b>Mailing Address</b> POB 10264 BROOKSVILLE, FL 34603		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  BLACK, DONNA DEPUTY 18900 CORTEZ BLVD. BROOKSVILLE, FL 34601				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> ADAMS, TOM <b>STREET ADDRESS</b> P.O. BOX 10264 <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34603	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Reeves, Curtis <b>STREET ADDRESS</b> P.O. Box 10264 <b>CITY-ST-ZIP</b> Brooksville, FL 34603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> RADACKY, RICHARD <b>STREET ADDRESS</b> P.O. BOX 10264 <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34603	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Chris Scavuzzo <b>STREET ADDRESS</b> P.O. Box 10264 <b>CITY-ST-ZIP</b> Brooksville, FL 34603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MAMO, JUDY <b>STREET ADDRESS</b> P.O. BOX 10264 <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34603	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> LANDRY, JOANNE C <b>STREET ADDRESS</b> POB 10264 <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34603	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> LANDRY, JOANNE C <b>STREET ADDRESS</b> 18900 CORTEZ BLVD <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> <i>Joanne C. Landry</i>			Date <i>01/14/07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone # <i>352-585-2323</i></small>		