


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 007 ****61.25

DOCUMENT # N05000009212					
1. Entity Name HERNANDO COUNTY CRIME STOPPERS, INC.					
Principal Place of Business 18900 CORTEZ BLVD. BROOKSVILLE, FL 34601			Mailing Address POB 10264 BROOKSVILLE, FL 34603		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0749792	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLACK, DONNA DEPUTY 18900 CORTEZ BLVD. BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, CURTIS P.O. BOX 10264 BROOKSVILLE, FL 34603	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONATHAN D. HATHORN P.O. BOX 10264 BROOKSVILLE, FL 34603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCAVUZZO, CHRIS P.O. BOX 10264 BROOKSVILLE, FL 34603	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBBIE A. WELCH P.O. BOX 10264 BROOKSVILLE, FL 34603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAMO, JUDY P.O. BOX 10264 BROOKSVILLE, FL 34603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY L. MAMO P.O. BOX 10264 BROOKSVILLE, FL 34603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANDRY, JOANNE C POB 10264 BROOKSVILLE, FL 34603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE C. LANDRY P.O. BOX 10264 BROOKSVILLE, FL 34603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANDRY, JOANNE C 18900 CORTEZ BLVD BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Judy L. Mamo 1/09/08 352-799-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #