

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009212

FILED
Jan 05, 2009
Secretary of State

Entity Name: HERNANDO COUNTY CRIME STOPPERS, INC.

Current Principal Place of Business:

18900 CORTEZ BLVD.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

POB 10264
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 02-0749792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, DONNA DEPUTY
18900 CORTEZ BLVD.
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

BLACK, DONNA SGT
18900 CORTEZ BLVD.
BROOKSVILLE, FL 34601 US

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: SGT. DONNA BLACK

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HATHORN, JONATHAN D
Address: P.O. BOX 10264
City-St-Zip: BROOKSVILLE, FL 34603

Title: S () Delete
Name: WELCH, ROBBIE A
Address: P.O. BOX 10264
City-St-Zip: BROOKSVILLE, FL 34603

Title: P () Delete
Name: MAMO, JUDY
Address: P.O. BOX 10264
City-St-Zip: BROOKSVILLE, FL 34603

Title: V () Delete
Name: LANDRY, JOANNE C
Address: POB 10264
City-St-Zip: BROOKSVILLE, FL 34603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: HATHORN, JONATHAN D
Address: 9455 SOUTHERN BELLE DR
City-St-Zip: WEEKI WACHEE, FL 34613

Title: D/V (X) Change () Addition
Name: CARCANA, FRANK
Address: 14245 EASTMONT DR
City-St-Zip: SPRING HILL, FL 34609

Title: D/T (X) Change () Addition
Name: MAMO, JUDY L
Address: 280 RUSK CIR
City-St-Zip: SPRING HILL, FL 34606

Title: D/S (X) Change () Addition
Name: SCHNEIDER, ROBIN
Address: POB 10264
City-St-Zip: BROOKSVILLE, FL 34603

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: JUDY L. MAMO

D/T

01/05/2009

Electronic Signature of Signing Officer or Director

Date