2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010349

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BROOKSVILLE, FL 34613

14190 BROOKRIDGE BLVD

BROOKSVILLE, FL 34613

STEPHENS, SCOTT

() Delete

Entity Name: BROOKRIDGE CRIME WATCH, INC.

FILED Jan 07, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
% EARK RIBERTS 14402 SANDHURST ST BROOKSVILLE, FL 34613				14402 SANDHURST ST BROOKSVILLE, FL 34613		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
	RIBERTS NDHURST ST VILLE, FL 3461	3		14402 SANDHURST ST BROOKSVILLE, FL 34613		
FEI Number:	32-0141337	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:	
		3 US	14402 SAN	ROBERTS, EARL 14402 SANDHURST ST BROOKSVILLE, FL 34613 US		
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE: EARL RO	BERTS			01/07/2009	
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () ROBERTS, EAR 14402 SANDHU BROOKSVILLE,	RST ST	Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () WOODIIN, WAY 14989 RIALTO BROOKSVILLE,	AVE	Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	T () MILLER, JUDY 14219 ADAIR S' BROOKSVILLE,		Title: Name: Address: City-St-Zip:	T (X) MILLER, JUDY 14219 ADAIR S BROOKSVILLE	STREET	
Title: Name: Address:	S () MCGARVEY, LC 7495 DINSMOR		Title: Name: Address:	()	Change () Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUDY L. MILLER T 01/07/2009

() Change () Addition