

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010349

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** BROOKRIDGE CRIME WATCH, INC.

**Current Principal Place of Business:**

14402 SANDHURST ST  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

14402 SANDHURST ST  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 32-0141337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, EARL  
14402 SANDHURST ST  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROBERTS, EARL  
**Address:** 14402 SANDHURST ST  
**City-St-Zip:** BROOKSVILLE, FL 34613

**Title:** VP  
**Name:** WOODIN, WAYNE  
**Address:** 14989 RIALTO AVE  
**City-St-Zip:** BROOKSVILLE, FL 34613

**Title:** T  
**Name:** LOVELACE, COLLEEN  
**Address:** 14288 NECTARINE STREET  
**City-St-Zip:** BROOKSVILLE, FL 34613

**Title:** S  
**Name:** BURR, HAZEL  
**Address:** 14355 SANDHURST ST  
**City-St-Zip:** BROOKSVILLE, FL 34613

**Title:** 2VP  
**Name:** STEPHENS, SCOTT  
**Address:** 14190 BROOKRIDGE BLVD  
**City-St-Zip:** BROOKSVILLE, FL 34613

I hereby 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 all other like empowered.

**SIGNATURE:** COLLEEN LOVELACE

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01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date