2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006229

FILED Apr 30, 2009 Secretary of State

Entity Name: BRENTWOOD CITIZENS CRIME WATCH, INC.

Current Principal Place of Business: New Principal Place of Business: 18820 NORTHWEST 29 PLACE MIAMI GARDENS, FL 33056 **Current Mailing Address: New Mailing Address:** 18820 NORTHWEST 29 PLACE P.O. BOX 1545 CAROL CITY, FL 33055IA00 MIAMI GARDENS, FL 33056 FEI Number: 20-3878448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JAMES, WENDELL Name: Name: 18820 NORTHWEST 29 PLACE Address: Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, TIMOTHY G REV. Name: Name: Address: 18820 NORTHWEST 29 PLACE Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, IVORY Name: Name: 18820 NORTHWEST 29 PLACE Address: Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARRISON, WILMA Name: 18820 NORTHWEST 29 PLACE Address: Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition DEAN, GWENITH Name: Name: 18820 NORTHWEST 29 PLACE Address: Address: City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE DENISE Name: Name: Address: 1210 NW 179 TERRACE Address: MIAMI GARDENS, FL 33169 City-St-Zip: City-St-Zip:

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: REV, TIMOTHY G. WILLIAMS VD 04/30/2009