2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N07000007451

Entity Name: NEIGHBORHOODS UNITED AGAINST CRIME IN TAMPA INC.

Current Principal Place of Business:

1311 W CLINTON ST
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1311 W CLINTON ST
TAMPA, FL 33604

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLZ, NORBERT
1311 W CLINTON ST
TAMPA, FL 33604 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	( ) Delete
Name:	HOLZ, NORBERT	
Address:	1311 W CLINTON ST	
City-St-Zip:	TAMPA, FL 33604	
Title:	V	(X) Delete
Name:	DUSEK, STEVEN	
Address:	1315 W CLINTON ST	
City-St-Zip:	TAMPA, FL 33604	
Title:	S	( ) Delete
Name:	DAVIS, THELMA	
Address:	1602 N LOIS AVE	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	DOWD, BETTY	
Address:	1221 E CAYAGA ST	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	DICKERSON, FLORENCE	
Address:	8220 N FLORIDA AVE	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	DILLER, ANN	
Address:	5111 MAYFAIR CT	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: NORBERTHOLZ PRES 07/07/2008
Electronic Signature of Signing Officer or Director — Date