

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005772

FILED
Apr 22, 2009
Secretary of State

Entity Name: TAT CRIME WATCH INC.

Current Principal Place of Business:

2637 SAN LUIS RD
HOLIDAY, FL 34691

New Principal Place of Business:

3352 KAUNA POINT DR.
HOLIDAY, FL 34691 US

Current Mailing Address:

2637 SAN LUIS RD
HOLIDAY, FL 34691

New Mailing Address:

3352 KAUNA POINT DR.
HOLIDAY, FL 34691 US

FEI Number: 80-0203839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIMMERLE, DIANN M
2637 SAN LUIS RD
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

PAULIN, LEON R
3352 KAUNA POINT DR.
HOLIDAY, FL 34691 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: LEON R. PAULIN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HYMORE, MARY K
Address: 2702 OCHATILLA RD
City-St-Zip: HOLIDAY, FL 34691

Title: S () Delete
Name: BIMMERLE, DIANN M
Address: 2637 SAN LUIS RD
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: SAWYER, THOMAS
Address: 3222 JACKSON DR
City-St-Zip: HOLIDAY, FL 34691

Title: V () Delete
Name: HYMORE, NAJEEB
Address: 2702 OCHATILLA RD
City-St-Zip: HOLIDAY, FL 34691

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HYMORE, MARY K
Address: 2702 OCHATILLA RD
City-St-Zip: HOLIDAY, FL 34691 US

Title: S (X) Change () Addition
Name: BIMMERLE, DIANN M
Address: 2637 SAN LUIS RD
City-St-Zip: HOLIDAY, FL 34691 US

Title: CH (X) Change () Addition
Name: SAWYER, THOMAS
Address: 3222 JACKSON DR
City-St-Zip: HOLIDAY, FL 34691

Title: V-C (X) Change () Addition
Name: ROBBINS, RONALD
Address: 3604 TIKI DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: C () Change (X) Addition
Name: PAULIN, LEON R
Address: 3352 KAUNA POINT DR.
City-St-Zip: HOLIDAY, FL 34691 US

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: LEON R. PAULIN

C

04/22/2009

Electronic Signature of Signing Officer or Director

Date