

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90198 042 \*\*\*\*61.25

DOCUMENT # N19495

1. Corporation Name

CITIZENS AGAINST CRIME, INC.

Principal Place of Business  
PO BOX 1467  
830 NORTH KROME AVENUE  
HOMESTEAD FL 33090

Mailing Address  
PO BOX 1467  
830 NORTH KROME AVENUE  
HOMESTEAD FL 33090



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0205824	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LYNN, SANDRA T.  
830 NORTH KROME AVENUE  
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD INGRAM, DOUG	1.1 TITLE	
NAME	16895 SW 288 ST	1.2 NAME	
STREET ADDRESS	HOMESTEAD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SOWDER, ROGER	2.1 TITLE	
NAME	855 NW 9 ST	2.2 NAME	
STREET ADDRESS	HOMESTEAD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD CORNELIUS, ROBERT	3.1 TITLE	
NAME	31160 SW 195 AVE	3.2 NAME	
STREET ADDRESS	HOMESTEAD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD GARRISON, STEVE	4.1 TITLE	
NAME	1950 NW 10 TERR.	4.2 NAME	
STREET ADDRESS	HOMESTEAD FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D INGRAM, WILLIAM	5.1 TITLE	
NAME	16895 SW 288 ST	5.2 NAME	
STREET ADDRESS	HOMESTEAD FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D RAMIREZ, ANDY	6.1 TITLE	
NAME	28700 SW 169 AVE	6.2 NAME	
STREET ADDRESS	HOMESTEAD FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED pres.

Date

Daytime Phone #

4-19-99 305-247-3680

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