

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N19495

1. Entity Name
CITIZENS AGAINST CRIME, INC.



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

Mailing Address
**PO BOX 1467
HOMESTEAD, FL 33090**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0205824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
INGRAM, DOUG
16895 SW 288 ST
HOMESTEAD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SOWDER, ROGER
855 NW 9 ST
HOMESTEAD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CORNELIUS, ROBERT
31160 SW 195 AVE
HOMESTEAD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GARRISON, STEVE
1950 NW 10 TERR.
HOMESTEAD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
INGRAM, WILLIAM
16895 SW 288 ST
HOMESTEAD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMIREZ, ANDY
28700 SW 169 AVE
HOMESTEAD, FL**

000000327675
04/25/05-80046-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doug Ingram **DOUG INGRAM** 4-21-05 305-247-3680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #