


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 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
---	---



04052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205824	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

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

U000000638418
04/19/07-80001-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUG INGRAM
X 4-5-07
3680
305 247 0208
PRESIDENT