

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22233** (3)

1. Corporation Name

**CITIZENS FOR AUTO-THEFT RESPONSIBILITY, INC.**

Principal Place of Business

Mailing Address

**4204 42ND WAY  
C/O TRISDE DEAN WELCH  
WEST PALM BEACH FL 33407  
US**

**P. O. BOX 3131  
C/O TRISDE DEAN WELCH  
PALM BEACH FL 33480-1331  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**08/26/1987**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0012340**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be**

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELCH, TRISDE DEAN  
4204 42ND WAY  
WEST PALM BEACH FL 33407**

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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, TRISDE DEAN</b>	1.2 NAME	
STREET ADDRESS	<b>4204 42ND WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMELIN, NEIL C.</b>	2.2 NAME	
STREET ADDRESS	<b>1113 LASSWADE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b><del>F</del></b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b><del>NIEMINEN, MELISSA</del></b>	3.2 NAME	
STREET ADDRESS	<b><del>5204 BOSQUE LANE #61</del></b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b><del>WEST PALM BEACH FL</del></b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPICER, DENNIS</b>	4.2 NAME	
STREET ADDRESS	<b>9140 GOLFSIDE DR. #12-S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S/T</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSWELL, THEODORE P.</b>	5.2 NAME	
STREET ADDRESS	<b>7934 BURLWOOD LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, REBECCA</b>	6.2 NAME	
STREET ADDRESS	<b>1625 16TH LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENACRES FL</b>	6.4 CITY-ST-ZIP	

**ROSWELL, THEODORE P.  
7934 BURLWOOD LANE  
LAKE WORTH, FL**

14. I do 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.

SIGNATURE:

*Trisde Dean Welch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-97**

**561-478-8990**

Date

Daytime Phone # 0039276

CR2E037 (9/96)