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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 4204 42ND WAY C/O TRISDE DEAN WELCH WEST PALM BEACH FL 33407 US	Mailing Address P. O. BOX 3131 C/O TRISDE DEAN WELCH PALM BEACH FL 33480-1331 US
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3. Date Incorporated or Qualified

08/26/1987

4. FEI Number

65-0012340

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	WELCH, TRISDE DEAN	
STREET ADDRESS	4204 42ND WAY	
CITY-ST-ZIP	W. PALM BEACH FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAMELIN, NEIL C.	
STREET ADDRESS	1113 LASSWADE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPICER, DENNIS	
STREET ADDRESS	9410 GOLFIDE DR. #120	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROSWELL, THEODORE P	
STREET ADDRESS	7934 BURLWOOD LANE	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, REBECCA	
STREET ADDRESS	1885 10TH LANE	
CITY-ST-ZIP	GREENACRES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3052 Perry Avenue
5.4 CITY-ST-ZIP	Lake Worth, FL 33463

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Walter T. Dartland
6.4 CITY-ST-ZIP	2986 Widdridge Drive

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.

SIGNATURE: *Trisde A. Welch, President* 4-18-98 561-478-8990

CR2E037 (10/97)