

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28178

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: CRIME STOPPERS OF TAMPA BAY, INC.

## Current Principal Place of Business:

C/O LISA HABER-BOSLEY  
2008 E 8TH AVENUE  
TAMPA, FL 33605

## New Principal Place of Business:

C/O LISA HABER  
2008 E 8TH AVENUE  
TAMPA, FL 33605

## Current Mailing Address:

C/O LISA HABER-BOSLEY  
P O BOX 5766  
TAMPA, FL 33675

## New Mailing Address:

C/O LISA HABER  
P O BOX 5766  
TAMPA, FL 33675

FEI Number: 59-2908445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, DEBBIE P  
2013 SINCLAIR HILLS RD  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CARTER, DEBBIE  
Address: 2013 SINCLAIR HILLS RD  
City-St-Zip: LUTZ, FL

Title: DVP ( ) Delete  
Name: RAYSICK, WALTER  
Address: 223 BON VIE PLACE  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: WILSON, CINDY  
Address: 312 TERRACE DR.  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: BUNCE, KEITH  
Address: 3010 WEST CASS STREET  
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete  
Name: MORRILL, DELORES  
Address: 602 MORRILL COURT  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE CARTER

DP

02/28/2008

Electronic Signature of Signing Officer or Director

Date