


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90015 039 ****61.25

DOCUMENT # N93000000724					
1. Entity Name CRIMESTOPPERS OF WASHINGTON COUNTY INC.					
Principal Place of Business 1068 MAIN ST CHIPLEY, FL 32428			Mailing Address 1068 MAIN ST CHIPLEY, FL 32428		
2. Principal Place of Business - No P.O. Box # 1338 N. Railroad Ave		3. Mailing Address P. O. Box 563			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Chipley, Florida		City & State Chipley, Florida		4. FEI Number 59-3146832	
Zip 32428		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DONALD 1068 MAIN ST CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: DONALD BROWN <i>Donald Brown</i> 2/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BROWN, DONALD STREET ADDRESS 1068 MAIN ST CITY-ST-ZIP CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete		TITLE P D NAME MARTY HINSON STREET ADDRESS 1299 JULIE LANE CITY-ST-ZIP CHIPLEY, FLORIDA 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME OWEN, KATIE STREET ADDRESS 21170 OLD BONIFAY RD CITY-ST-ZIP CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete		TITLE VP D NAME HOWARD B. TILLER JR STREET ADDRESS 855 MAIN STREET CITY-ST-ZIP CHIPLEY, FLORIDA 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S/T D NAME JOHN T. SASSER STREET ADDRESS 732 GLENWOOD AVE CITY-ST-ZIP CHIPLEY, FLORIDA	<input type="checkbox"/> Delete		TITLE S/T D NAME JOHN T. SASSER STREET ADDRESS 732 GLENWOOD AVE CITY-ST-ZIP CHIPLEY, FLORIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 67, 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: MARTY HINSON <i>Marty Hinson</i> 2/20/08 850-638-0434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		