

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001173

FILED
Jan 16, 2009
Secretary of State

Entity Name: SENIORS VS. CRIME, INC.

Current Principal Place of Business:

5242 SAGAMORE COURT
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

5242 SAGAMORE COURT
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 65-0395307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVENNA, DONALD E
5242 SAGAMORE COURT
NEW PORT RICHEY, FL 34655 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: D () Delete
Name: COX, NICHOLAS B
Address: 1401 61ST ST. SOUTH
City-St-Zip: ST PETERSBURG, FL 33707 US

Title: D () Delete
Name: TIOLE, FRANK
Address: 16112 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: D () Delete
Name: BOYER, EDWIN M
Address: 46 N. WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34236 US

Title: PD () Delete
Name: RAVENNA, DONALD E
Address: 5242 SAGAMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST () Delete
Name: HORTON, CAROLE L
Address: 4966 DEERLODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: D () Delete
Name: JAY, MORGAN
Address: 330 5TH STREET N.
City-St-Zip: ST.PETERSBURG, FL 33731 US

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: ST (X) Change () Addition
Name: HORTON, CAROLE-LEE
Address: 4966 DEERLODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: DONALD E. RAVENNA

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date