


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N94000001468 (7)

1. Corporation Name

TEDDER NEIGHBORHOOD WATCH INC.

Principal Place of Business

Mailing Address

4700 NE 1ST TER
POMPANO BEACH FL 33064

4700 NE 1ST TER
POMPANO BEACH FL 33064-3413



3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report
05/01/1996

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | |

4. FEI Number
65-0475877

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

HUNT, BOB
4700 NE 1ST TER
POMPANO BEACH FL 33064

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]*

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 | VD | <input type="checkbox"/> DELETE |
| NAME | ALVAREZ, EDWARD | |
| STREET ADDRESS | 4700 NE 1ST TER | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ALVAREZ, GINGER | |
| STREET ADDRESS | 4700 NE 1ST TER | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HUNT, BOB | |
| STREET ADDRESS | 250 NE 41 ST | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUNT, LINDA | |
| STREET ADDRESS | 250 NE 41 ST | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | BAGNAL, KELLEY | |
| STREET ADDRESS | 4440 NE 2ND AVE | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *[Signature]* REQUIRED

5-30-97

951-832-3411

CR2E037 (9/96)