

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000005209 (0)**

1. Corporation Name

**NEIGHBORS AGAINST CRIME, INC.**

Principal Place of Business

**1310 E. PROSPECT AVE.  
MELBOURNE FL 32901**

Mailing Address

**1310 E. PROSPECT AVE.  
MELBOURNE FL 32901**



3. Date Incorporated or Qualified

**10/30/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 Community Relations Ctr**

**26 Suite, Apt. #, etc.**

**Suite, Apt. #, etc. Room 141**

**22 1700 W. New Haven Ave**

**27 Suite, Apt. #, etc.**

City & State

City & State

**23 Melbourne, FL**

**28 City & State**

Zip

Country

Zip

Country

**24 32904**

**25 Brevard**

**29 Zip**

**30 Country**

9. Name and Address of Current Registered Agent

**ELEY, EDMOND L  
111 SOUTH SCOTT STREET  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MEEHAN, KATHLEEN H  
1310 E. PROSPECT AVE.  
MELBOURNE FL 32901**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
SIMS, CHARLIE  
1013 BYRD ST.  
MELBOURNE FL 32935**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
UTT, VIRGINIA  
2142 MOSSWOOD DR.  
MELBOURNE FL 32935**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
LUCE, TOM  
1707 STOCKTON ST.  
MELBOURNE FL 32901**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Dr  
Eileen Glaser  
582 Sanderling Dr.  
Indialantic, FL 32903**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Edmund L. Eley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**  
Date

**(407) 984-7272**  
Daytime Phone #

CR2E037 (12/95)