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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90014 016 \*\*\*\*61.25

0018910

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000005209**

1. Corporation Name

**NEIGHBORS AGAINST CRIME, INC.**

Principal Place of Business

COMMUNITY RELATIONS CTR  
 1700 W NEW HAVEN AVE ROOM 141  
 MELBOURNE FL 32904  
 US

Mailing Address

1310 E. PROSPECT AVE.  
 MELBOURNE FL 32901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

NOT APPLICABLE

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE DT  
 NAME CRAFT, SUSAN  
 STREET ADDRESS 1505 RIVERVIEW DRIVE  
 CITY-STATE-ZIP MELBOURNE FL 32901

☒ DELETE

TITLE DV  
 NAME SANCHEZ, SEBASTIAN  
 STREET ADDRESS 1952 GLEN MEADOWS CIRCLE  
 CITY-STATE-ZIP MELBOURNE FL 32935

☒ DELETE

TITLE DS  
 NAME SADOWSKI, DANA  
 STREET ADDRESS 1714 BRUMAN TERR  
 CITY-STATE-ZIP MELBOURNE FL 32935

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
 1.2 NAME Jeff Downs  
 1.3 STREET ADDRESS 3376 Fan Palm Blvd.  
 1.4 CITY-STATE-ZIP Melbourne, FL 32901

☐ Change

☒ Addition

2.1 TITLE DT  
 2.2 NAME Frank Lo Galbo  
 2.3 STREET ADDRESS 2551 Appalachian Drive  
 2.4 CITY-STATE-ZIP Melbourne, FL 32935

☐ Change

☒ Addition

3.1 TITLE DV  
 3.2 NAME Kathy Meehan  
 3.3 STREET ADDRESS 1310 E. Prospect Ave.  
 3.4 CITY-STATE-ZIP Melbourne, FL 32901

☒ Change

☐ Addition

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Katherine Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 (407) 727-3600

CR2E037 (11/98)