


**2007 NOT-FOR-PROFIT-CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002055</b> 1. Entity Name <b>BAYVIEW CRIME PREVENTION, INC.</b>	
---	---

Principal Place of Business <b>1914 OAKMONT AVENUE TAMPA, FL 33629</b>	Mailing Address <b>1914 OAKMONT AVENUE TAMPA, FL 33629</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3377673</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  <b>GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIORDANO, JOHN N 220 S FRANKLIN ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MORRIS, MICHAEL 1909 OAKMONT AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ABDONEY, BECKY 1905 OAKMONT AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000646328  
03/06/07-80026-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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.

<b>SIGNATURE:</b> 	<b>2-17-07</b>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			