2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N96000003087

Entity Name: CRIME STOPPERS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

420 N HALIFAX AVE.
#4B
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

P O BOX 15224
DAYTONA BEACH, FL 321155224

New Mailing Address:

FEI Number: 59-3395571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, BETTY
420 N HALIFAX AVE.
#4B
DAYTONA BEACH, FL 32118 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:	S	( ) Delete
Name:	EMORY, COUNTS	
Address:	301 S RIDGEWOD 230	
City-St-Zip:	DAYTONA BEACH, FL 321152457	
Title:	T	( ) Delete
Name:	AZAMA-EDARDS, GWEN	
Address:	104 WATER TURKEY COURT	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:	DV	( ) Delete
Name:	ULRICH, MICHARL	
Address:	2441 BELLEVUE	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	DP	( ) Delete
Name:	SACKS, DAVID	
Address:	240 N. SEAGRAVE	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	DT	( ) Delete
Name:	PERRY, BRANDON	
Address:	42 S PENINSULA DR.	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	MD	( ) Delete
Name:	DICESARE, JOHN	
Address:	420 N HALIFAX AVE., #4B	
City-St-Zip:	DAYTONA BEACH, FL 32118	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY DAVIS ED 01/04/2007

Electronic Signature of Signing Officer or Director — Date