

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001650

FILED
Apr 06, 2009
Secretary of State

Entity Name: RADCLIFF ESTATES CRIME WATCH, INC.

Current Principal Place of Business:

8753 MARSINIQUE LANE
PORT RICHEY, FL 34668 US

New Principal Place of Business:

8753 MARTINIQUE LANE
PORT RICHEY, FL 34668 US

Current Mailing Address:

8753 MARSINIQUE LANE
PORT RICHEY, FL 34668 US

New Mailing Address:

8753 MARTINIQUE LANE
PORT RICHEY, FL 34668 US

FEI Number: 59-3448136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLANDER, MAX E
8753 AMRSINIQUE LANE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

BOLANDER, MAX E
8753 MARTINIQUE LANE
PORT RICHEY, FL 34668 US

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:

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAMES, LIN
Address: 8914 MARTINIQUE LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: V () Delete
Name: BREHM, JOANNE
Address: 7845 EXUMA
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: BOLANDER, GINA
Address: 8753 MARTINIQUE LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: ERWIN, WILLIAM
Address: 8750 BENMNA
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: MCGOVERN, MARION
Address: 8835 BERMUDA AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: ERWIN, LORI
Address: 8750 BERMUDA LANE
City-St-Zip: PORT RICHEY, FL 34668

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: TREA (X) Change () Addition
Name: ROSEN, ED
Address: 8851 GREENLEAF LANE
City-St-Zip: PORT RICHEY, FL 34668

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 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: MAX E BOLANDER

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date