

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004748

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** CRIME STOPPERS OF LEVY COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

9150 NE 80 AVE  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1846  
BRONSON, FL 32621

**New Mailing Address:**

PO.BOX 1846  
BRONSON, FL 32621 US

**FEI Number:** 59-3527627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FENDER, BETTY  
320 SOUTHEAST 4TH DRIVE  
WILLISTON, FL 32696 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: PD ( ) Delete  
Name: SPRAGUE, PAULA  
Address: PO DRAWER 1719  
City-St-Zip: BRONSON, FL 32621

Title: TD ( ) Delete  
Name: FENDER, BETTY  
Address: 320 SE 4TH DRIVE  
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete  
Name: KOCHER, KEITH  
Address: 6291 NE 184 TER  
City-St-Zip: WILLISTON, FL 32696

Title: SD ( ) Delete  
Name: KELLOGG, VICKI  
Address: 4350 NE 107 CT.  
City-St-Zip: BRONSON, FL 32621

Title: D ( ) Delete  
Name: KELLOGG, TOM  
Address: 4350 NE 107 CT  
City-St-Zip: BRONSON, FL 32621

**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:

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: BETTY FENDER

T D

03/10/2009

Electronic Signature of Signing Officer or Director

Date