


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90024 050 ****61.25

DOCUMENT # N01000001692

1. Entity Name
SOUTHERN OAKS CRIME WATCH PATROL, INC.



Principal Place of Business
**5241 WELLFIELD RD
 NEW PORT RICHEY, FL 34655-4313**


Mailing Address
**9300 REGENCY PARK BLVD
 PORT RICHEY, FL 34668**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01252008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1088096 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUANE, RICHARD B
 5241 WELLFIELD RD.
 NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	TEDESCO, RAY	
STREET ADDRESS	4962 GALLATIN DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUANE, RICHARD B	
STREET ADDRESS	5241 WELLFIELD RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATTON, JUDY C	
STREET ADDRESS	5241 WELLFIELD RD.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	P	<input type="checkbox"/> Delete
NAME	COCCIA, WILLIAM	
STREET ADDRESS	4816 FORT PECK RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSCATELLO, CHARLIE	
STREET ADDRESS	4444 ANACONDA DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 346559	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOETZ, JENISE	
STREET ADDRESS	4620 FORTSHAW DR	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN FITZGERALD	
STREET ADDRESS	5309 WELLFIELD RD	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ART BALSAMO	
STREET ADDRESS	4833 YELLOWSTONE DR.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **RICHARD B. DUANE** 1/28/08 727-376-1928
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #