


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90040 035 \*\*\*\*61.25

<b>DOCUMENT # N99000002370</b>					
1. Entity Name <b>SOUTH BAY COMMUNITY CRIME WATCH, INC.</b>					
Principal Place of Business <b>SOUTH BAY POLICE DEPARTMENT 335 SW 2ND AVENUE SOUTH BAY FL 33493</b>		Mailing Address <b>SOUTH BAY POLICE DEPARTMENT 335 SW 2ND AVENUE SOUTH BAY FL 33493</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1135787</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JONES, DANNY D SOUTH BAY POLICE DEPARTMENT 335 SW 2ND AVENUE SOUTH BAY FL 33493</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, DANNY D</b>		NAME	<b>DEWBELL, ALBERT III</b>	
STREET ADDRESS	<b>335 SW 2ND AVENUE</b>		STREET ADDRESS	<b>335 S.W. 2 AV.</b>	
CITY-ST-ZIP	<b>SOUTH BAY FL 33493</b>		CITY-ST-ZIP	<b>SOUTH BAY, FL 33493</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, MARY</b>		NAME		
STREET ADDRESS	<b>335 SW 2ND AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTH BAY FL 33493</b>		CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADDEN, MICHAEL B</b>		NAME		
STREET ADDRESS	<b>335 SW 2 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTH BAY FL 33493</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the 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: _____			Date: <b>07/10/2003</b> 561 996 651		
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR			Date		

CFR037 (10/02)