

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra P. Morthe Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 PM 4: 19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000005249 (5)
1. Corporation Name

CITIZENS CRIME WATCH OF PAHOKEE, INC.

Principal Place of Business Mailing Address
171 NORTH LAKE AVENUE PAHOKEE FL 33476
171 NORTH LAKE AVENUE PAHOKEE FL 33476

3. Date Incorporated or Qualified
10/14/1996
4. FEI Number 31-1596417
APPLIED FOR Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DANNY D
C/O PAHOKEE POLICE DEPARTMENT
171 NORTH LAKE AVENUE
PAHOKEE FL 33476

81 Name Donna M. Salvatore
82 Street Address (P.O. Box Number is Not Acceptable) 40 Paho Kee Police Department
83 171 1/2 North Lake Avenue
84 City Paho Kee FL 85 Zip Code 33476

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Donna M. Salvatore

2/16/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD JOHNSON, RALPH O 378 EAST FIRST STREET PAHOKEE FL 33476
VD JONES, DANNY D 171 NORTH LAKE AVENUE PAHOKEE FL 33476
SD MCENTIRE, CHRISTINE 187 NORTH GREENSTAR AVENUE PAHOKEE FL 33476
TD HATTON, ANNE 161 SOUTH FLAME AVENUE PAHOKEE FL 33476

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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6/15/98

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph O. Johnson

3-18-98 511-9216-7599

CR2E037 (10/97)