

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001692

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC7753563772**

**Entity Name:** SOUTHERN OAKS CRIME WATCH PATROL, INC.

**Current Principal Place of Business:**

4620 FORT SHAW DRIVE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

4620 FORT SHAW DRIVE  
NEW PORT RICHEY, FL 34655

**FEI Number: 65-1088096**

**Certificate of Status Desired: No**

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

VEHSE, GOETZ  
4620 FORT SHAW DRIVE  
NEW PORT RICHEY, FL 34655 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title V  
Name TEDESCO, RAY  
Address 4962 GALLATIN DR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title T  
Name VEHSE, GOETZ  
Address 4620 FORT SHAW DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title SD  
Name PATTON, JUDY C  
Address 5241 WELLIFIELD RD.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title P  
Name COCCIA, WILLIAM  
Address 4816 FORT PECK RD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title D  
Name MOSCATELLO, CHARLIE  
Address 4444 ANACONDA DR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title D  
Name BALSAMO, ARTHUR  
Address 4833 YELLOWSTONE DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM L. COCCIA**

**PRES.**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date