

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760722 (9)

1. Corporation Name

SPRING HILL ALERT RESIDENTS PATROL, INC.



Principal Place of Business

Mailing Address

**PO BOX 3422
SPRING HILL FL 34606**

**PO BOX 3422
SPRING HILL FL 34606**

3. Date Incorporated or Qualified
11/16/1981

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2296977

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMGART, JOHN W.
1477 CARSON AVENUE
SPRINGHILL FL 34608**

81 Name

JOHN W. BAUMGART

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

1477 CARSON AVENUE

83

84 City

SPRINGHILL

FL

85 Zip Code

34608

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

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 **PD** ☐ DELETE
NAME **BAUMGART, JOHN**
STREET ADDRESS **1477 CARSON AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VD** ☐ DELETE
NAME **KOEHLI, FRED**
STREET ADDRESS **9037 BYRON STREET**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **SD** ☐ DELETE
NAME **BOUMA, GRACE**
STREET ADDRESS **6506 MAYHILL COURT**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **TD** ☐ DELETE
NAME **MYERS, HAROLD**
STREET ADDRESS **6410 TALBOT CIRCLE**
CITY-ST-ZIP **SPRINGHILL FL 34606**

TITLE **D** ☐ DELETE
NAME **LINDHORST, DALE**
STREET ADDRESS **6143 PINEHURST DRIVE**
CITY-ST-ZIP **SPRINGHILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **BAUGART, JOHN**
1.3 STREET ADDRESS **1477 Carson Avenue**
1.4 CITY-ST-ZIP **Springhill, Fl. 34608**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **Koehli, Fred**
2.3 STREET ADDRESS **9037 Byron Street**
2.4 CITY-ST-ZIP **Springhill, Fl. 34606**

3.1 TITLE **SD** ☐ Change ☐ Addition
3.2 NAME **Bouma, Grace**
3.3 STREET ADDRESS **6506 Mayhill Court**
3.4 CITY-ST-ZIP **Springhill, Fl. 34606**

4.1 TITLE **TD** ☐ Change ☐ Addition
4.2 NAME **Myers, Harold**
4.3 STREET ADDRESS **6410 Talbot Circle**
4.4 CITY-ST-ZIP **Springhill, Florida 34606**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Lindhorst, Dale**
5.3 STREET ADDRESS **6143 Pinehurst Drive**
5.4 CITY-ST-ZIP **Springhill, Florida 34606**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JOHN W. BAUMGART**

4-10-96

352-

686-9166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)