

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760907 (6)

1. Corporation Name
LAKEWOOD PARK/CRIME WATCH INC. Bel-Aire
Citizens' Observation Patrol (C.O.P.)

Principal Place of Business **34951** Mailing Address **34951**

6304 E SEMINOLE RD FT PIERCE FL 34951 **7605 Ocala Ave FT Pierce, FL 34951** **6304 E SEMINOLE RD FT PIERCE FL 34951**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/04/1981	3a. Date of Last Report 05/01/1996
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4. FEI Number 59-2358728	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

SHAW, DIANE E
199 LIBERTY WAY
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 *Mione E Shaw* DATE *29 April 97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CPT PD
NAME	SNYDER, BRAD	1.2 NAME	IVAN SAUCIER
STREET ADDRESS	6304 E SEMINOLE RD	1.3 STREET ADDRESS	7605 Ocala Ave
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	FT Pierce, FL 34951
TITLE	TD	2.1 TITLE	LT TD
NAME	SHAW, DIANE E	2.2 NAME	DIANE E. SHAW
STREET ADDRESS	199 LIBERTY WAY	2.3 STREET ADDRESS	199 LIBERTY WAY
CITY-ST-ZIP	FT PIERCE, FL 00000	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE	SD	3.1 TITLE	LT SD
NAME	HALL, CHRISTINE	3.2 NAME	JENNY HILTON
STREET ADDRESS	139 VINDALE AVE	3.3 STREET ADDRESS	6903 KENWOOD RD
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	FT Pierce, FL 34951
TITLE	VP	4.1 TITLE	LT VP
NAME	HUNTER, HAROLD	4.2 NAME	HAROLD HUNTER
STREET ADDRESS	4806 LAKEWOOD PARK DR	4.3 STREET ADDRESS	4806 LAKEWOOD PARK DR
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE		5.1 TITLE	LT VP
NAME		5.2 NAME	DAVE DEVRIS
STREET ADDRESS		5.3 STREET ADDRESS	EMERSON AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT Pierce, FL 34951
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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.

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