

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 # 770190 (7)

1. Corporation Name

CHASSAHOWITZKA CRIME PREVENTION, INC.

Principal Place of Business

8385 W HERON CT  
HOMOSASSA FL 34448  
US

Mailing Address

8385 W HERON CT  
HOMOSASSA FL 34448  
US



3. Date Incorporated or Qualified  
09/12/1983

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 10096 SO RIVIERA PT.

26 10096 SO. RIVIERA PT.

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 HOMOSASSA FL.

28 HOMOSASSA FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 34448

25 CITRUS

29 34448

30 CITRUS

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROWE, WALTER

8385 W HERON CT  
HOMOSASSA FL 34448

81 Name

WOOD KENNETH R

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

10096 SO RIVIERA PT

83

84 City

HOMOSASSA

FL

85 Zip Code

34448

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)

3/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CROW, WALTER A JR.  
STREET ADDRESS 8385 W. HERON CT.  
CITY-ST-ZIP HOMOSASSA FL

☒ DELETE

1.1 TITLE PD.  
1.2 NAME WOOD KENNETH R.  
1.3 STREET ADDRESS 10096 SO RIVIERA PT  
1.4 CITY-ST-ZIP HOMOSASSA FL 34448

☒ Change ☐ Addition

TITLE VPD  
NAME WOOD, KENNETH  
STREET ADDRESS 8385 W HERON CT  
CITY-ST-ZIP HOMOSASSA FL

☒ DELETE

2.1 TITLE VPD  
2.2 NAME GRANE, GENE.  
2.3 STREET ADDRESS 8291 W SCOTT CT.  
2.4 CITY-ST-ZIP HOMOSASSA FL 34448

☐ Change ☐ Addition

TITLE D  
NAME HAMILTON, MARIE  
STREET ADDRESS 8191 W. PIN OAK CT.  
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

382-1522

CR2E037 (12/95)