## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # N03000003303** 04-22-2004 90012 017 \*\*\*\*61.25 OAK GROVE CRIME WATCH INC. Principal Place of Business Mailing Address 24306 ROLLING VIEW CT 24306 ROLLING VIEW CT LUTZ. FL 33559 LUTZ. FL 33559 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02252004 Chg-NP CR2E037 (10/03) Applied For City & State City & State Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARPEY, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 24306 ROLLING VIEW CT LUTZ, FL 33559 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. ARBARA SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition DILBERT, JOEL NAME NAME STREET ADDRESS 24742 LAUREL RIDGE DRIVE STREET ADDRESS LUTZ, FL 33559 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Defete TILE ☐ Change ☐ Addition TARPEY, BARBARA A NAME 24306 ROLLING VIEW CT STREET ADDRESS STREET ADDRESS LUTZ, FL 33559 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DILBERT, VERONICA NAME NAME STREET ADDRESS 24742 LAUREL RIDGE DRIVE STREET ADDRESS LUTZ, FL 33559 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition KENNEY, PAMELA NAME NAME STREET ADDRESS 24519 KARNALI CT STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33559 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BARBARA ANN TARPEY

IG OFFICER OR DIRECTOR

Sarbara ann

SIGNATURE: