

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90059 017 ****61.25

DOCUMENT # N05000010349 1. Entity Name BROOKRIDGE CRIME WATCH, INC.					
Principal Place of Business % WAYNE M. WOODIN <i>Earl Roberts</i> 14989 RIALTO AVE <i>14402 Sandhurst ST.</i> BROOKSVILLE, FL 34613				Mailing Address % WAYNE M. WOODIN <i>Earl Roberts</i> 14989 RIALTO AVE <i>14402 Sandhurst ST.</i> BROOKSVILLE, FL 34613	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 32-0141337				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODIN, WAYNE M <i>Earl Roberts</i> 14989 RIALTO AVE <i>14402 Sandhurst ST.</i> BROOKSVILLE, FL 34613				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. SIGNATURE <i>Earl Roberts</i> <i>Earl Roberts</i> <i>Jan. 7, 2008</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODIN, WAYNE M 14989 RIALTO AVE BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Earl Roberts 14402 Sandhurst St. Brooksville, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, JAMES 15042 RIALTO AVE BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wayne Woodin 14989 Rialto Ave Brooksville, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JUDY 14219 ADAIR STREET BROOKSVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAZZELL, MARY ANNE 14979 RIALTO AVE BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Lois McGarvey 7495 Dinsmore ST. Brooksville, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ROBERTS, EARL 14402 SANDHURST ST. BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Scott Stephens 14190 Brookridge Blvd. Brooksville, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE <i>Earl Roberts</i> <i>Earl Roberts</i> <i>Jan. 7, 2008</i> <i>352-592-5161</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					