

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 # **N15541** (8)

1. Corporation Name
WEEKI WACHEE CRIME WATCH INC.



Principal Place of Business: 7383 SHOAL LINE BLVD. WEEKI WACHEE FL 34607 US
Mailing Address: 7383 SHOAL LINE BLVD. WEEKI WACHEE FL 34607 US

3. Date Incorporated or Qualified: 06/20/1986
3a. Date of Last Report: 04/27/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2682382	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

~~CARLISLE, FRANCES B.~~
~~5247 ALPACA DR.~~
~~SPRING HILL FL 34607~~

81 Name: **NEWELL, Howard J.**
82 Street Address (P.O. Box Number is Not Acceptable): **7388 Gettysburg Dr.**
83 **Weeki Wachee, FL**
84 City: **FL** 85 Zip Code: **34607**

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: *Howard J. Newell* (NOTE: Registered Agent signature required when reinstating) DATE: *2/12/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYER, JAMES	1.2 NAME	NEWELL, Howard J.
STREET ADDRESS	6361 SEBRING ST.	1.3 STREET ADDRESS	7388 Gettysburg Dr.
CITY - ST - ZIP	WEEKI WACHEE FL	1.4 CITY - ST - ZIP	Weeki Wachee, FL 34607
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, JAMES	2.2 NAME	KATHS, Fred D.
STREET ADDRESS	6230 BEAR TRAIL	2.3 STREET ADDRESS	6424 W. Richard Dr.
CITY - ST - ZIP	WEEKI WACHEE FL	2.4 CITY - ST - ZIP	Weeki Wachee, FL 34607
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, DOROTHY	3.2 NAME	
STREET ADDRESS	7388 GETTYSBURG DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEEKI WACHEE FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHS, FRED D.	4.2 NAME	HELMS, James
STREET ADDRESS	6424 W RICHARD DRIVE	4.3 STREET ADDRESS	6230 Bear Trail
CITY - ST - ZIP	WEEKI WACHEE FL	4.4 CITY - ST - ZIP	Weeki Wachee, FL 34607
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, FRANCES	5.2 NAME	HILL, Frances
STREET ADDRESS	5247 ALPACA	5.3 STREET ADDRESS	6291 Sebring St.
CITY - ST - ZIP	WEEKI WACHEE FL	5.4 CITY - ST - ZIP	Weeki Wachee, FL 34607
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTTS, SHIRLEY	6.2 NAME	
STREET ADDRESS	6293 THEODAN STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEEKI WACHEE FL	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: *Howard J. Newell* 2-12-96 (352) 596-0778
Date Daytime Phone #

CR2E037 (12/95)