

# 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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

**59-2682382**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

~~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

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME ~~ROYER, JAMES~~  
STREET ADDRESS ~~6361 SEBRING ST.~~  
CITY - ST - ZIP ~~WEEKI WACHEE FL~~

TITLE **V** ☒ DELETE  
NAME ~~HELMS, JAMES~~  
STREET ADDRESS ~~6230 BEAR TRAIL~~  
CITY - ST - ZIP ~~WEEKI WACHEE FL~~

TITLE **S** ☐ DELETE  
NAME **NEWELL, DOROTHY**  
STREET ADDRESS **7388 GETTYSBURG DR**  
CITY - ST - ZIP **WEEKI WACHEE FL**

TITLE **D** ☒ DELETE  
NAME ~~KATHS, FRED D.~~  
STREET ADDRESS ~~6424 W RICHARD DRIVE~~  
CITY - ST - ZIP ~~WEEKI WACHEE FL~~

TITLE **D** ☒ DELETE  
NAME ~~CARLISLE, FRANCES~~  
STREET ADDRESS ~~5247 ALPACA~~  
CITY - ST - ZIP ~~WEEKI WACHEE FL~~

TITLE **D** ☐ DELETE  
NAME **KNOTTS, SHIRLEY**  
STREET ADDRESS **6293 THEODAN STREET**  
CITY - ST - ZIP **WEEKI WACHEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **NEWELL, Howard J.**  
1.3 STREET ADDRESS **7388 Gettysburg Dr.**  
1.4 CITY - ST - ZIP **Weeki Wachee, FL 34607**

2.1 TITLE **Vice Pres.** ☒ Change ☐ Addition  
2.2 NAME **KATHS, Fred D.**  
2.3 STREET ADDRESS **6424 W. Richard Dr.**  
2.4 CITY - ST - ZIP **Weeki Wachee, FL 34607**

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

4.1 TITLE **Director** ☒ Change ☐ Addition  
4.2 NAME **HELMS, James**  
4.3 STREET ADDRESS **6230 Bear Trail**  
4.4 CITY - ST - ZIP **Weeki Wachee, FL 34607**

5.1 TITLE **Director** ☒ Change ☐ Addition  
5.2 NAME **HILL, Frances**  
5.3 STREET ADDRESS **6291 Sebring St.**  
5.4 CITY - ST - ZIP **Weeki Wachee, FL 34607**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

(352) 596-0778

Daytime Phone #

CR2E037 (12/95)