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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34607-1542
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/20/1986

3a. Date of Last Report

03/08/1996

4. FEI Number

59-2682382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**NEWELL, HOWARD J
7388 GETTYSBURG DR
WEEKI WACHEE FL 34607**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
Howard J. NEWELL, President

03-11-97

Signature of officer or director of corporation and title in corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **NEWELL, HOWARD J**
STREET ADDRESS **7388 GETTYSBURG DR**
CITY - ST - ZIP **WEEKI WACHEE FL**

TITLE **VP** ☒ DELETE
NAME **KATHS, FRED D**
STREET ADDRESS **6424 W. RICHARD DR**
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 **HELMS, JAMES**
STREET ADDRESS **6230 BEAR TRAIL**
CITY - ST - ZIP **WEEKI WACHEE FL**

TITLE **D** ☐ DELETE
NAME **HILL, FRANCES**
STREET ADDRESS **6291 SEBRING ST**
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 **1ST VP** ☒ Change ☐ Addition
1.2 NAME **KNOTTS, James E.**
1.3 STREET ADDRESS **6293 THEODAN ST**
1.4 CITY - ST - ZIP **WEEKI WACHEE FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **KATHS, FRED D.**
2.3 STREET ADDRESS **6424 W. RICHARD DR**
2.4 CITY - ST - ZIP **WEEKI WACHEE, FL**

3.1 TITLE **2ND VP** ☐ Change ☒ Addition
3.2 NAME **THOMPSON, Geraldine**
3.3 STREET ADDRESS **6348 Bear Trail**
3.4 CITY - ST - ZIP **Weeki Wachee FL 34607.**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **WEIJECHA, Julia**
4.3 STREET ADDRESS **7279 Wimberly Ct**
4.4 CITY - ST - ZIP **Weeki Wachee FL 34607**

5.1 TITLE **T** ☐ Change ☒ Addition
5.2 NAME **TAYLOR, Robert R.**
5.3 STREET ADDRESS **6372 Bear Trail**
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

Howard J. Newell
Howard J. NEWELL, President

03-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0068432**

CR2E037 (9/96)