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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 06/20/1986
4. FEI Number 59-2682382
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEWELL, HOWARD J 7388 GETTYSBURG DR WEEKI WACHEE FL 34607 <i>Howard J. Newell</i>	
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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 _____ DATE **May 1, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	NEWELL, HOWARD J
STREET ADDRESS	7388 GETTYSBURG DR
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	KNOTTS, JAMES E
STREET ADDRESS	6293 THEODAN ST
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	NEWELL, DOROTHY
STREET ADDRESS	7388 GETTYSBURG DR
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HELMS, JAMES
STREET ADDRESS	6230 BEAR TRAIL
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HILL, FRANCES
STREET ADDRESS	6291 SEBRING ST
CITY-ST-ZIP	WEEKI WACHEE FL
TITLE	D <input checked="" type="checkbox"/> 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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORTON CHARLES
1.3 STREET ADDRESS	6991 E. Richard Drive
1.4 CITY-ST-ZIP	WEEKI WACHEE FL 34607
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NEWELL, HOWARD J
2.3 STREET ADDRESS	7388 GETTYSBURG DR
2.4 CITY-ST-ZIP	WEEKI WACHEE FL 34607
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARRS BILL
3.3 STREET ADDRESS	8365 NORVANDY DR
3.4 CITY-ST-ZIP	BROOKSVILLE FL 34613
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WELLS GERTRUDE
4.3 STREET ADDRESS	6309 FINE ST.
4.4 CITY-ST-ZIP	WEEKI WACHEE FL 34607
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HUNTINGTON JERE
5.3 STREET ADDRESS	6465 THERESA AV
5.4 CITY-ST-ZIP	WEEKI WACHEE FL 34607
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WIEJECHA JULIE
6.3 STREET ADDRESS	7279 WIMMERLY CT
6.4 CITY-ST-ZIP	WEEKI WACHEE FL 34607

14. 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 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* DATE: **May 1, 1998**

CP2E037 (10/97)