2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N15541

Entity Name: WEEKI WACHEE CRIME WATCH INC.

Current Principal Place of Business:

7383 SHOAL LINE BLVD.
WEEKI WACHEE, FL 34607 US

New Principal Place of Business:

Current Mailing Address:

7383 SHOAL LINE BLVD.
WEEKI WACHEE, FL 34607 US

New Mailing Address:

FEI Number: 59-2682382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTON, CHARLES
6991 E RICHARD DR
WEEKI WACHEE, FL 34607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	MOORE, ALICE D	
Address:	6342 FINE ST	
City-St-Zip:	WEEKI WACHEE, FL 34607	
Title:	D	( ) Delete
Name:	SHOTTS, RICHARD	
Address:	6372 RICHARD DR	
City-St-Zip:	WEEKI WACHI, FL 34607	
Title:	S	( ) Delete
Name:	NEWELL, DOROTHY	
Address:	7398 GETTYBURG DR	
City-St-Zip:	WEEKI WACHEE, FL 34607	
Title:	D	( ) Delete
Name:	MORTON, CHARLES	
Address:	6991 E RICHARD DR	
City-St-Zip:	WEEKI WACHEE, FL 34607	
Title:	P	( ) Delete
Name:	LENHARD, KARON	
Address:	7270 ARBORDALE DR	
City-St-Zip:	WEEKI WACHEE, FL 34607	
Title:	V	( ) Delete
Name:	MORTON, PAULA	
Address:	6991 E. RICHARD DR.	
City-St-Zip:	WEEKI WACHEE, FL 34607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MORTON PRES 01/19/2004

Electronic Signature of Signing Officer or Director — Date