

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15541

FILED
Jan 12, 2006
Secretary of State

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: P () Delete
Name: MORTON, CHARLES W
Address: 6991 E. RICHARD DR
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VP () Delete
Name: KNOTTS, JAMES E
Address: 6817 E. RICHARD DR
City-St-Zip: WEEKI WACHEE, FL 34607

Title: S () Delete
Name: CRADY, MARY
Address: 6145 ISLAND DR
City-St-Zip: WEEKI WACHEE, FL 34607

Title: T () Delete
Name: ROCHA, KAREN
Address: 6341 BEAR TRAIL
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: S (X) Change () Addition
Name: DAVIDSON, JUDY
Address: 6450 ARTIBUS
City-St-Zip: WEEKI WACHEE, FL 34607

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 Chapter 119, 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: CHARELS W. MORTON

P

01/12/2006

Electronic Signature of Signing Officer or Director

Date