

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90119 046 ****61.25

DOCUMENT # N21559

1. Entity Name

FOREST OAKS CRIME WATCH INC.



Principal Place of Business

8101 FOREST OAKS BLVD
SPRING HILL FL 34606
US

Mailing Address

PO BOX 6372
SPRING HILL FL 34606
US

24045105



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2846653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILONE, AL Delete~~
8039 WOODEN DRIVE
SPRING HILL FL 34606

Name: ~~FREDERICK ELIZABETH A. BETZ~~
Street Address (P.O. Box Number is Not Acceptable)
8185 ENGLISH ELM CIRCLE
SPRING HILL FL 34606
City: FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete
NAME BETZ, ELIZABETH A
STREET ADDRESS 8185 ENGLISH ELM CIRCLE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE V ☐ Delete
NAME TAYLOR, ED
STREET ADDRESS 8123 WOODEN DRIVE
CITY-ST-ZIP SPRINGHILL FL 34606

TITLE D ☐ Delete
NAME BETZ, SR, FREDERICK J
STREET ADDRESS 8185 ENGLISH ELM CIRCLE
CITY-ST-ZIP SPRING HILL FL 34606
Now PRESIDENT

TITLE P ☐ Delete
NAME TROJANOWSKI, ANTON
STREET ADDRESS 8315 SUNFLOWER DRIVE
CITY-ST-ZIP SPRING HILL FL 34606
Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *PRESIDENT* ☒ Change ☐ Addition
NAME FREDERICK J. BETZ SR
STREET ADDRESS 8185 ENGLISH ELM CIRCLE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE *V PRES* ☐ Change ☐ Addition
NAME EDWARD TAYLOR
STREET ADDRESS 8123 WOODEN DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE *SECTY* ☒ Change ☐ Addition
NAME REGINA TRUDELL
STREET ADDRESS 8136 PHILADELPHIC DR.
CITY-ST-ZIP SPRING HILL FL 34606

TITLE *TREAS* ☐ Change ☐ Addition
NAME ELIZABETH A. BETZ
STREET ADDRESS 8185 ENGLISH ELM CIRCLE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE *DIRECTOR* ☐ Change ☒ Addition
NAME JOHN H. II
STREET ADDRESS 8167 WOODEN DR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE *DIRECTOR* ☐ Change ☒ Addition
NAME WOOLY WATT
STREET ADDRESS WOODEN DR
CITY-ST-ZIP SPRING HILL FL 34606

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth A. Betz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 352-682-8453

Date Daytime Phone #