


**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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24045105



MOORE CR2E037 (11/03)

4. FEI Number 59-2846653		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILONE, AL Delete 8039 WOODEN DRIVE SPRING HILL FL 34606		7. Name and Address of New Registered Agent 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	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD <input type="checkbox"/> Delete	NAME: BETZ, ELIZABETH A	TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: FREDERICK J. BETZ SR
STREET ADDRESS: 8185 ENGLISH ELM CIRCLE	CITY-ST-ZIP: SPRING HILL FL 34606	STREET ADDRESS: 8185 ENGLISH ELM CIRCLE	CITY-ST-ZIP: SPRING HILL FL 34606
TITLE: V <input type="checkbox"/> Delete	NAME: TAYLOR, ED	TITLE: V PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: EDWARD TAYLOR
STREET ADDRESS: 8123 WOODEN DRIVE	CITY-ST-ZIP: SPRINGHILL FL 34606	STREET ADDRESS: 8123 WOODEN DRIVE	CITY-ST-ZIP: SPRING HILL FL 34606
TITLE: D <input type="checkbox"/> Delete	NAME: BETZ, SR, FREDERICK J <i>Now PRESIDENT</i>	TITLE: SECTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: REGINA TRUDELL
STREET ADDRESS: 8185 ENGLISH ELM CIRCLE	CITY-ST-ZIP: SPRING HILL FL 34606	STREET ADDRESS: 8136 PHILATELIC DR.	CITY-ST-ZIP: SPRING HILL FL 34606
TITLE: P <input type="checkbox"/> Delete	NAME: TROJANOWSKI, ANTON <i>Delete</i>	TITLE: TREAS <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ELIZABETH A. BETZ
STREET ADDRESS: 8315 SUNFLOWER DRIVE	CITY-ST-ZIP: SPRING HILL FL 34606	STREET ADDRESS: 8185 ENGLISH ELM CIRCLE	CITY-ST-ZIP: SPRING HILL FL 34606
TITLE: <input type="checkbox"/> Delete	NAME: TAYLOR, ED	TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: JOHN H. II
STREET ADDRESS: 8123 WOODEN DRIVE	CITY-ST-ZIP: SPRINGHILL FL 34606	STREET ADDRESS: 8167 WOODEN DR	CITY-ST-ZIP: SPRING HILL FL 34606
TITLE: <input type="checkbox"/> Delete	NAME: TROJANOWSKI, ANTON	TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: WOOLY WATT
STREET ADDRESS: 8315 SUNFLOWER DRIVE	CITY-ST-ZIP: SPRING HILL FL 34606	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* **4/14/04** **352-682-8453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #