

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90001 038 ****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

00033963

2. Principal Place of Business
6125 Forest Villas Apts
 Suite, Apt. #, etc.
Spring Hill FL 34606

3. Mailing Address
SAME AS ABOVE
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



06252005 Chg-NP CR2E037 (10/03)

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

BETZ, ELIZABETH A
8185 ENGLISH ELM CIRCLE
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

8. 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 | T | <input type="checkbox"/> Delete |
| NAME | BETZ, ELIZABETH A | |
| STREET ADDRESS | 8185 ENGLISH ELM CIRCLE | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | TAYLOR, ED | |
| STREET ADDRESS | 8123 WOODEN DRIVE | |
| CITY-ST-ZIP | SPRINGHILL, FL 34606 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BETZ, SR, FREDERICK J | |
| STREET ADDRESS | 8185 ENGLISH ELM CIRCLE | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | TRUDELL, REGINA | |
| STREET ADDRESS | 8136 PHILATELIC DR. | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HILL, JOHN | |
| STREET ADDRESS | 8167 WOODEN DR. | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WATT, WOODY | |
| STREET ADDRESS | WOODEN DR | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ms. AMY BYRNE | |
| STREET ADDRESS | PO BOX 3475 | |
| CITY-ST-ZIP | SPRING HILL FL. 34611-3475 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

6/29/05 352-683-8453
Date Daytime Phone #