

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 029 ****61.25

DOCUMENT # N21559

1. Entity Name
FOREST OAKS CRIME WATCH INC.



Principal Place of Business
**8125 FOREST VILLAS APTS
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

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2846653 **59-3584019**

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **V.P. ROBBY NOEL** ☐ Change ☐ Addition
NAME **8228 Forest Oaks Blvd**
STREET ADDRESS **Spring H. 11 FL 34606**
CITY-ST-ZIP

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

TITLE **SECTY CYNTHIA GOLLER** ☐ Change ☐ Addition
NAME **8389 CAMPHOR DR**
STREET ADDRESS **SPRING H. 11 FL 34606**
CITY-ST-ZIP

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

TITLE **REC S. JEAN LYNCH** ☐ Change ☐ Addition
NAME **8224 FOREST OAK BLVD**
STREET ADDRESS **SPRING H. 11 FL 34606**
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **BYRNE, MAY**
STREET ADDRESS **P.O. BOX 3475**
CITY-ST-ZIP **SPRING HILL, FL 346113475**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HILL, JOHN**
STREET ADDRESS **8167 WOODEN DR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Delete
NAME **WATT, WOODY**
STREET ADDRESS **WOODEN DR**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date Daytime Phone #