

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90019 046 \*\*\*\*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



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3584019

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

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when registering)

DATE 3/7/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GOLLER, CYNTHIA  
8389 CAMPHOR DR  
SPRING HILL, FL 34606

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DOYLE  
WATT, BOBBY  
WOODEN DR 8135  
SPRING HILL, FL 34606

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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: Elizabeth A. Betz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 352-683-8463  
Date Daytime Phone #