

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90016 001 \*\*\*\*61.25

<b>DOCUMENT # N21559</b> 1. Entity Name <b>FOREST OAKS CRIME WATCH INC.</b>					
Principal Place of Business <b>8125 FOREST VILLAS APTS</b> <b>SPRING HILL, FL 34606 US</b>			Mailing Address <b>PO BOX 6372</b> <b>SPRING HILL, FL 34606 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3584019</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BETZ, ELIZABETH A</b> <b>8185 ENGLISH ELM CIRCLE</b> <b>SPRING HILL, FL 34606</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>State check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETZ, ELIZABETH A 8185 ENGLISH ELM CIRCLE SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ED 8123 WOODEN DRIVE SPRINGHILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. LEONARD AMABILE</b> <b>7404 PHILATELIC DRIVE</b> <b>SPRING HILL FL 34606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, SR, FREDERICK J 8185 ENGLISH ELM CIRCLE SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. TEENA PAGER</b> <b>8130 PHILATELIC DRIVE</b> <b>SPRINGHILL FL 34606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLLER, CYNTHIA 8389 CAMPHOR DR SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. MAUREEN E DOLPHIN</b> <b>8048 WOODEN DRIVE</b> <b>SPRING HILL FL 34606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JOHN 8167 WOODEN DR. SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. DON COLLINS</b> <b>8160 PHILATELIC DRIVE</b> <b>SPRING HILL FL 34606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATT, DOYLE 8135 WOODEN DR SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Elizabeth A. Betz</i>			Date <b>2-11-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		