

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N21559

Entity Name: FOREST OAKS CRIME WATCH INC.

Current Principal Place of Business:

8125 FOREST VILLAS APTS
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6372
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-3584019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BETZ, ELIZABETH A
Address: 8185 ENGLISH ELM CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: VP () Delete
Name: PAGER, TEENA
Address: 8130 PHILATELIC DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: BETZ, SR, FREDERICK J
Address: 8185 ENGLISH ELM CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: COLLINS, DON
Address: 8160 PHILATELIC DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: HILL, JOHN
Address: 8167 WOODEN DR.
City-St-Zip: SPRING HILL, FL 34606

Title: P () Delete
Name: AMABILE, LEONARD
Address: 7404 PHILATELIC DRIVE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A BETZ

T

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date