

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26295 (8)

1. Corporation Name

HILL & DALE CRIME WATCH, INC.

Principal Place of Business

Mailing Address

OSTRANDER, WILMA
26400 BERTRAM ROAD
BROOKSVILLE FL 34602

26400 BERTRAM ROAD
C/O BEVERLY ANDREWS
BROOKSVILLE FL 34602

US James Mead

US

3. Date Incorporated or Qualified
05/05/1988

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 26408 Bertram Rd.

26 26408 Bertram Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Brooksville

27

City & State

City & State

23 71.

28 Brooksville, 71.

Zip

Zip

24 34602

25 U.S.A.

29 71.

30 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTRANDER, WILMA
26400 BERTRAM ROAD
HILL & DALE
BROOKSVILLE FL 34602

81 Name

James Mead

82 Street Address (P.O. Box Number is Not Acceptable)

26408 Bertram Rd.

83

Brooksville, 71. 34602

84 City

FL 85 Zip Code

34602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *James D. Mead*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TREASURER
NAME FLINT, NORMA
STREET ADDRESS 26408 BERTRAM ROAD
CITY-ST-ZIP BROOKSVILLE FL

S
NAME OSTRANDER, WILMA
STREET ADDRESS 16408 BERTRAM ROAD
CITY-ST-ZIP BROOKSVILLE FL

D
NAME CRAWFORD, BOB
STREET ADDRESS 27199 ROPER ROAD
CITY-ST-ZIP BROOKSVILLE FL

D
NAME LOVELEY, FRANK
STREET ADDRESS 27442 OXEN LOOP
CITY-ST-ZIP BROOKSVILLE FL

D
NAME RAVEN, JAMES
STREET ADDRESS 6383 FRANK COURT
CITY-ST-ZIP BROOKSVILLE FL

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT
1.2 NAME JAMES MEAD
1.3 STREET ADDRESS 26408 BERTRAM Rd.
1.4 CITY-ST-ZIP BROOKSVILLE, 71. 34602

2.1 TITLE VICE PRESIDENT
2.2 NAME JOE CICIENIA
2.3 STREET ADDRESS 6461 BOXWOOD
2.4 CITY-ST-ZIP BROOKSVILLE, 71. 34602

3.1 TITLE SECRETARY
3.2 NAME BETTY JOHNSON
3.3 STREET ADDRESS 27095 THORNCREST AVE.
3.4 CITY-ST-ZIP BROOKSVILLE, 71. 34602

4.1 TITLE DIRECTOR
4.2 NAME DELBERT JOHNSON
4.3 STREET ADDRESS 27095 THORNCREST AVE
4.4 CITY-ST-ZIP BROOKSVILLE, 71. 34602

5.1 TITLE DIRECTOR
5.2 NAME JAN BRAZEAU
5.3 STREET ADDRESS 27065 ROPER RD.
5.4 CITY-ST-ZIP BROOKSVILLE, 71. 34602

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
700001738137
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James D. Mead*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 352) 799-8832
Date Daytime Phone *

CR2E037 (12/95)