FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI	MENI	# N262	95	(8)								
HILL & DALE CRIME WATCH, INC.												
THE WORLD VINNE TITIONS HID												H #1811 1811
Principal Place of Business Mailing Address									I TOBARRON BAD ALBIND DITTIB BROKE PONDE DAN TIDUT			
,												
28408 BERTRAM RD. Brooksville fl 34802				26408 BERTRA, RD C/O JAMES MEAD			3. Date Incorporated or Qualified					
US				BROOKSVILLE FL 34602 US			4	05/05/1988 FEI Number	— T	Apr	olled For	
				03				59-2899938		_	Applicable	
2. Principal Place of Business				2a. Malling Address				5	, Certificate of Status Desired	****		dditional
Suite, Apt. #, etc.				Suite, Apt. #, etc.								quired
22]				27				6	Election Campaign Financing Trust Fund Contribution		DU M ed to	lay Be Fees
City & State				City & State			7.	. Is this nonprofit corporation a homeown				
23				28				☐ Yes ☐ No				
Zip	Country			— · —			Country		. This corporation owes or has paid the c	urrent yea Yes		ingible l No
24 25 29 30 9. Name and Address of Current Registered Agent								10	Personal Property Tax due June 30. Name and Address of New Registerer			NO
					81	Name						
MEAD, JAMES						82 Street Address (P.O. Box Number is Not Acceptable)						· · · · · · ·
26408 B		ļ										
BROOK	SYILLE FL 3	34602				83						
						84	City		F :	85	Žip C	ode
11. Pursuant	to the provisi	ons of Sections 617.0	502 and 617.	1508, Florida Statu	tes, the ab	OVE	-named corp	porati		of changing	ng its	registered
agent. I a	egistered ag m familiar wil	ent, or both, in the Sta th, and accept the obl	ite of Florida. ligations of, Si	oction 617.0503, F	aumonzeo Iorida Stati	tes	y the corpora S.	uon's	on submits this statement for the purpose board of directors. I hereby accept the ap	pointmen	g us r	efligieled
SIGNATURE .	Diam'r a a a a			-E	ve. 0. 200	4	nt signature requi		in reinstating) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND						HIT BIGHTON TOUCH		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS	IN 12
TITLE	T			DELETE	1.1 717	LE				Char	nge	Addition
NAME	MEAD, 1				1.2 NA	ME						
STREET ADDRESS				1		1.3 STREET ADDRESS						
C/TY-ST-2#P	BROOKS	SYILLE FL		DELETE	1.4 C/T		T-ZIP			☐ Chan		Addition
TITLE NAME	MEAD, J	IAMEC		C) ottett	2.1 TIT					LI UIBII	No	LI AGGIGGI
STREET ADDRESS		ERTRAM RD.					ADDRESS		ALC: NO			
CITY-ST-ZIP		SVILLE FL 34602			2.4 CI				The second secon			
TITLE	D			DELETE	3.1 TIT					Chan	nge	☐ Addition
NAME		ORD, BOB			3.2 NA	ME						
STREET ADDRESS		OPER ROAD			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP		SVILLE FL		Libriere	3.4. CI		ST-ZIP			T Ober		Adams
TITLE	D	CAR		☐ DELETE	4.1 TIT		ľ			☐ Chan	Юa	Addition
NAME	TAYLOR	LAGLER AVE			4. 2 NA		+200000					
STREET ADDRESS		SVILLE FL					ADDRESS					
CITY-ST-ZIP TITLE	D	THE IL		DELETE	4.4 CIT 5.1 TIT		(- <u>Z</u> IF	· · · · · ·		Chan	nge	Addition
NAME	RAVER,	JAMES			5.2 NA						•	
STREET ADDRESS		ANK COURT					ADORESS					
CITY-ST-ZIP		SVILLE FL			5.4 CIT		1					
TITLE	VP			DELETE	6.1 TIT	_				Char	nge	Addition
NAME	CICENIA	, JOE			6.2 NA	ME						
STREET ADDRESS	6461 BC	XWOOD			6.3 STF	EET	ADDRESS					
I	DONOVO	CAMP DINKS										

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

Feb 24 1998 8:00am

Secretary of State