

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 039 ****61.25

DOCUMENT # N26295

1. Entity Name
HILL & DALE CRIME WATCH, INC.



Principal Place of Business
C/O KAREN J. TAYLOR
27254 FLAGLER AVE
BROOKSVILLE, FL 34602 US
G/O Lila Smith

Mailing Address
C/O KAREN TAYLOR
27254 FLAGLER AVENUE
BROOKSVILLE, FL 34602 US
G/O Lila Smith

2. Principal Place of Business
27278 Flagler Ave

3. Mailing Address
27278 Flagler Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Brooksville FL

City & State
Brooksville FL

Zip
34602

Country
Hernando



08022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2899938

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLORE, KAREN J
27254 FLAGLER AVE
BROOKSVILLE, FL 34602

Name
Lila Smith
Street Address (P.O. Box Number is Not Acceptable)
27278 FLAGLER Ave
City
Brooksville FL Zip Code
34602

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TAYLOR, KAREN J
27254 FLAGLER AVENUE
BROOKSVILLE, FL 34602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T-D
Howe, Richard
27442 AZEN LOOP
Brooksville, FL 34602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMPKINS, EUGENE R
27386 AZEN LOOP
BROOKSVILLE, FL 34602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NAPIER, DONNA
27343 FRAMPTON AVE
BROOKSVILLE, FL 34602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELSCH, FLO
27372 AZEN LOOP
BROOKSVILLE, FL 34602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-Shultz, Jessie
27360 AZEN LOOP
Brooksville, FL 34602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-P
SMITH, LILA
27278 FLAGLER AVE
BROOKSVILLE, FL 34602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUGAN, VIRGINIA
HAUGAN LANE
BROOKSVILLE, FL 34602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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: *Lila Smith*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-04 *352-799-9536*
Date Daytime Phone #