

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 040 ****61.25

DOCUMENT # N27067

1. Entity Name

RIDGE MANOR WEST CRIME WATCH, INC.



Principal Place of Business

C/O MAZIE S. WALTON
31204 LONGWOOD DR
BROOKSVILLE FL 34602

Mailing Address

31204 LONGWOOD DR
BROOKSVILLE FL 34602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTON, MAZIN S
31204 LANCE WOOD DR
BROOKSVILLE FL 34602

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

Mazie S. Walton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	SHOFF, ALICE	
STREET ADDRESS	6497 AMBER RIDGE CIR	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WALTON, MAZIE	
STREET ADDRESS	31204 LANCEWOOD DR	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSCILLO, HELEN	
STREET ADDRESS	6484 CEDARSIDE AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENE, JOYE	
STREET ADDRESS	31232 LANCEWOOD DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, JEAN	
STREET ADDRESS	7058 LEXINGTON CIRCLE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYE GREENE	
STREET ADDRESS	31232 LANCEWOOD DR.	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN PEARSON	
STREET ADDRESS	7173 LEXINGTON CIRCLE	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mazie Walton

MAZIE WALTON

2/21/05 (352) 799-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #