

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 022 ****61.25

DOCUMENT # N27067 1. Entity Name RIDGE MANOR WEST CRIME WATCH, INC.					
Principal Place of Business % RIDGE MANOR WEST COMMUNITY CLB HOUSE 6373 WINDMERE RD. BROOKSVILLE, FL 34602				Mailing Address % RIDGE MANOR WEST COMMUNITY CLB HOUSE 6373 WINDMERE RD. BROOKSVILLE, FL 34602	
2. Principal Place of Business - No P.O. Box # C/O MELVIN COLE Suite, Apt. #, etc.		3. Mailing Address 7201 PERIWINKLE CT. Suite, Apt. #, etc.			
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL		4. FEI Number NOT APPLICABLE	
Zip 34602		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD, RAYMOND T 31283 STONEY BROOK DR BROOKSVILLE, FL 34602				7. Name and Address of New Registered Agent Name MELVIN COLE Street Address (P.O. Box Number is Not Acceptable) 7201 PERIWINKLE CT. 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 MELVIN COLE PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD BOSE, HELEN 6463 ASHMONT BROOKSVILLE, FL 34602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREACH, PATRICIA 7312 SHERMAN HILLS BLVD. BROOKSVILLE, FL 34602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIEGER, SUSAN 7051 LEXINGTON CIR BROOKSVILLE, FL 34602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND, LLOYD T 31283 STONEY BROOK DR BROOKSVILLE, FL 34602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELVIN COLE 7201 PERIWINKLE CT. BROOKSVILLE, FL 34602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, JOHN 7173 LEXINGTON CIRCLE BROOKSVILLE, FL 34602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, JEAN 7058 LEXINGTON CIRCLE BROOKSVILLE, FL 34602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					