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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
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DOCUMENT # N28178 (4)

1. Corporation Name
CRIME STOPPERS OF WEST CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O ROBERT JERALD P O BOX 5766 TAMPA FL 33675	C/O ROBERT JERALD P O BOX 5766 TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1988
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2908445 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~LANGE, FOSTER R.~~
619 RIVIERA DR.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Foster, Lance R.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lance R. Foster, President — Lance R. Foster — June 6, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FOSTER, LANCE R.	12 NAME	
STREET ADDRESS	619 RIVIERA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	14 CITY-ST-ZIP	
TITLE	~~DV~~	21 TITLE	DS ☐ Change ☒ Addition
NAME	DUNCAN, HOLLY	22 NAME	Carter Debbie
STREET ADDRESS	1111 MCMULLEN-BOOTH RD.	23 STREET ADDRESS	P.O. Box 3371 DP
CITY-ST-ZIP	CLEARWATER FL 34619 Delete	24 CITY-ST-ZIP	Tampa, FL 33601
TITLE	~~DS~~	31 TITLE	D ☐ Change ☒ Addition
NAME	HOOPER, JAMES	32 NAME	Donohoo, Kem
STREET ADDRESS	P.O. BOX 31113 N/A	33 STREET ADDRESS	P.O. Box 1274 DN
CITY-ST-ZIP	~~TAMPA FL 33631-3113~~ Delete	34 CITY-ST-ZIP	Tampa, FL 33682
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PETERSON, CHUCK	42 NAME	
STREET ADDRESS	4809 W. NASSAU ST.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAJOR, ROBERT W.	52 NAME	
STREET ADDRESS	P.O. BOX 11766 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33680	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HOOPER, CAROLE	62 NAME	
STREET ADDRESS	4809 CULBREATH ISLES RD.	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629-4827	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Lance R. Foster — Lance R. Foster, President — June 6, 1995 — 813-254-3657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058026