

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified **09/01/1988** 3a. Date of Last Report **06/13/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, LANCE R**  
**619 RIVIERA DR.**  
**TAMPA FL 33606**

81 Name **DEBBIE P. CARTER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2013 Sinclair Hills Rd.**  
83  
84 City **Lutz** 85 Zip Code **FL 33549**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP FOSTER, LANCE R. 619 RIVIERA DR. TAMPA FL 33606	11 TITLE	DP Carter, Debbie 2013 Sinclair Hills Rd. Lutz, Fl. 33549
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DS DONOUGH, KENIE P O BOX 17214 TAMPA FL	21 TITLE	DVP Donovan, Ken Post Ofc. Box 17214 Tampa, FL 33682
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	DS HOOPER, JAMES P.O. BOX 31113 N/A TAMPA FL 33631-3113	31 TITLE	DT Merritt, Walter 500 Zack Street, #610 Tampa, FL 33602
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D PETERSON, CHUCK 4809 W. NASSAU ST. TAMPA FL 33607	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D MAJOR, ROBERT W. P.O. BOX 11766 N/A TAMPA FL 33680	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D HOOPER, CAROLE 4808 CULBREATH ISLES RD. TAMPA FL 33629-4827	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: *Debbie Carter* 1-30-96 813-247-8059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)