


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90045 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28178					
1. Corporation Name CRIME STOPPERS OF WEST CENTRAL FLORIDA, INC.					
Principal Place of Business P O BOX 5766 TAMPA FL 33675			Mailing Address P O BOX 5766 TAMPA FL 33675		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2908445	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, DEBBIE P 2013 SINCLAIR HILLS RD LUTZ FL 33549				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, DEBBIE			1.2 NAME			
STREET ADDRESS	2013 SINCLAIR HILLS RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL			1.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TITA, GREG			2.2 NAME			
STREET ADDRESS	10750 ULMERTON ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, CINDY			3.2 NAME			
STREET ADDRESS	FIFTH FLOOR COURTHOUSE ANNEX			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, LANCE			4.2 NAME			
STREET ADDRESS	619 RIVIERA DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIN, BOB			5.2 NAME	Treasurer		
STREET ADDRESS	2850 SCHERER DRIVE			5.3 STREET ADDRESS	Hedges, Johnny		
CITY-ST-ZIP	ST PETERSBURG FL 33716			5.4 CITY-ST-ZIP	4109 Gandy Boulevard Tampa, FL 33630		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, DONNA			6.2 NAME			
STREET ADDRESS	6501 102ND AVE, N			6.3 STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *X [Signature]* **SIGNATURE REQUIRED** *Carter* **3-3-99** **813-247-8059**

CR2E037 (11/98)