

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90013 031 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33955**

1. Corporation Name

**WITLACOOCHEE CRIME WATCH, INC.**

Principal Place of Business

167 HWY. 40 WEST  
P. P. BOX 65  
INGLIS FL 34449-0065  
US

Mailing Address

167 HWY. 40 WEST  
P. P. BOX 65  
INGLIS FL 34449-0065  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/29/1989

4. FEI Number

59-2991266

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

9. Name and Address of Current Registered Agent

SCHOENHERR, WILLIAM H.  
4703 RIVERSIDE DR.  
YANKEETOWN FL 32698

10. Name and Address of New Registered Agent

81 Name  
Charles W. Taylor  
82 Street Address (P.O. Box Number is Not Acceptable)  
10910 S. E. 201 St.  
83  
84 City  
Inglis FL 85 Zip Code  
34449

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 Charles W. Taylor

18 March 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAHL, RICHARD	
STREET ADDRESS	217 SAPP ST	
CITY-ST-ZIP	INGLIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINTON, DALE	
STREET ADDRESS	9 PALM DR	
CITY-ST-ZIP	YANKEETOWN FL 34489	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUBISTEK, ROBERT	
STREET ADDRESS	29 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CLACHER, FRED	
STREET ADDRESS	14201 W RIVER RD	
CITY-ST-ZIP	INGLIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, SALLY	
STREET ADDRESS	10910 SE 201 ST	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, ANTHONY P	
STREET ADDRESS	10137 W PAMONDETTO CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Suellen Marsh	
1.3 STREET ADDRESS	35 Shearer St.	
1.4 CITY-ST-ZIP	Inglis, FL 34449	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	6 Magnolia Ave.	
4.4 CITY-ST-ZIP	Yankeetown, FL 34498	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Taylor, Charles W.	
6.3 STREET ADDRESS	10910 S. E. 201 St.	
6.4 CITY-ST-ZIP	Inglis, FL 34449	

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: Charles W. Taylor 18 March 1999 (352) 447-0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)