

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37597** (4)

1. Corporation Name

WEEKI WACHEE NORTH CRIME WATCH INCORPORATED

Principal Place of Business

%FRANK GRIMES
10400 AMITY AVENUE
BROOKSVILLE FL 34614

Mailing Address

%FRANK GRIMES
10400 AMITY AVENUE
BROOKSVILLE FL 34614



3. Date Incorporated or Qualified
04/12/1990

3a. Date of Last Report
03/20/1995

4. FEI Number
59-2995152

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 Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMES, FRANK
10400 AMITY AVENUE
BROOKSVILLE FL 34614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 **P** ☐ DELETE
NAME **SPIRES, FRANCIS**
STREET ADDRESS **12344 PORSCHE LN**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **NOISEUX, PAUL**
STREET ADDRESS **10510 SHAWNEE RD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ DELETE
NAME **CROSS, MELVIN**
STREET ADDRESS **12350 MAGIC LANE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ DELETE
NAME **MEIERS, JAMES**
STREET ADDRESS **12355 CORDOVA LN**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **DOULIN, ROBERT**
STREET ADDRESS **10460 SHAWNEE RD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **Sepper, George**
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V.P.** ☒ Change ☐ Addition
1.2 NAME **Sepper, George**
1.3 STREET ADDRESS **123709 1/2 EPHYER**
1.4 CITY-ST-ZIP **BROOKSVILLE, FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **WINSTANLEY, RON**
2.3 STREET ADDRESS **10419 AMITY**
2.4 CITY-ST-ZIP **BROOKSVILLE, FL.**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **LEWIS, ART**
3.3 STREET ADDRESS **10405 SHAWNEE**
3.4 CITY-ST-ZIP **BROOKSVILLE, FL.**

4.1 TITLE **AD** ☒ Change ☐ Addition
4.2 NAME **DURNELL, DICK**
4.3 STREET ADDRESS **12355 CORVETTE**
4.4 CITY-ST-ZIP **BROOKSVILLE, FL.**

5.1 TITLE **TR.** ☐ Change ☒ Addition
5.2 NAME **JOHNSTON, WALTER**
5.3 STREET ADDRESS **12359 CORDOVA**
5.4 CITY-ST-ZIP **BROOKSVILLE, FL**

6.1 TITLE **SEC.** ☐ Change ☒ Addition
6.2 NAME **NOISEUX, ELLEN**
6.3 STREET ADDRESS **10510 SHAWNEE**
6.4 CITY-ST-ZIP **BROOKSVILLE, FL**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)