


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/12/1990	
4. FEI Number 59-2995152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINSON, KEN AND DEE
10400 AMITY AVE
KEN-DEE INC PRES
BROOKSVILLE FL 34614**

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

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 MEYER, WERNER J 10473 AMITY AVE BROOKSVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP BRYER, CLIFFORD 10405 MAGIC LN BROOKSVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D LEWIS, ART 10405 SHAWNEE BROOKSVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AD DURNELL, DICK 12355 CORVETTE BROOKSVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S WARD, SHIRLEY 101156 RVETT LN BROOKSVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T BUCK, LLOYD E 1238 PORCHE LN BROOKSVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres. Richard Harvey 12359 Porsche Ln Brooksville, FL
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP Clifford Dreyer 12359 Magic Ln. Brooksville, FL.
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Sec. Ronald Winstanley 10419 Amity Ave. Brooksville, FL.
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Tres. Walter Johnston 12379 Cordovia La. Brooksville, FL
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Trustee Werner Meyers 12473 Amity Ave. Brooksville, FL
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Trustee Frank Martorana 12370 Tempo La. Brooksville, FL
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

WALTER JOHNSTON Walter Johnston

4/14/98 (35-2)

597-0264

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