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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N37597

1. Corporation Name

WEEKI WACHEE NORTH CRIME WATCH INCORPORATED

Principal Place of Business

~~FRANK GRIMES~~  
10400 AMITY AVENUE  
BROOKSVILLE FL 34614

KEN  
WILKINSON

Mailing Address

~~FRANK GRIMES~~  
10400 AMITY AVENUE  
BROOKSVILLE FL 34614

KEN  
WILKINSON



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/12/1990

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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  
NAME HARVEY, RICHARD  
STREET ADDRESS 12359 PORSCHE LN  
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE VP  
NAME DREYER, CLIFFORD  
STREET ADDRESS 12359 MAGIC LN  
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE S  
NAME WINSTANLEY, RONALD  
STREET ADDRESS 10419 AMITY AVE  
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE T  
NAME JOHNSTON, WALTER  
STREET ADDRESS 12379 CORDOVA LN  
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE TSTE  
NAME MEYERS, WERNER  
STREET ADDRESS 12473 AMITY AVE  
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE TSTE  
NAME MARTORANA, FRANK  
STREET ADDRESS 12370 TEMPO LN  
CITY-ST-ZIP BROOKSVILLE FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DREYER, CLIFFORD  
1.2 NAME 12359 MAGIC LA  
1.3 STREET ADDRESS BROOKSVILLE, FL.

Change

Addition

2.1 TITLE HARVEY, RICHARD  
2.2 NAME 12359 PORSCHE LN  
2.3 STREET ADDRESS BROOKSVILLE, FL

Change

Addition

3.1 TITLE WINSTANLEY, RONALD  
3.2 NAME 12354 CORVETTE  
3.3 STREET ADDRESS BROOKSVILLE, FL

Change

Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE ART LEWIS  
5.2 NAME 10405 SHAWNEE RD  
5.3 STREET ADDRESS BROOKSVILLE, FL

Change

Addition

6.1 TITLE FRANK SPIRES  
6.2 NAME 12344 PORCHE LA.  
6.3 STREET ADDRESS BROOKSVILLE, FL

Change

Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter Johnston 4/14/99 597-0261 (352)

CR2E037 (11/98)