MONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500001435

Principal Place of Business	
MONTURA RANCH ESTATES	
CLUBHOUSE	
CLEWISTON FL 33440	

FILED Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90039 043 ****61.25

MONTURA ACTION GROUP-CRIME WATCH, INC.						117310 - 5000-				
Principal Place of Business Mailing Address MONTURA RANCH ESTATES H.C. 61 CLUBHOUSE BOX 365 CLEWISTON FL 33440 CLEWISTON FL 33440										
2. Principal P	Place of Business	2a. Mailing Address				Date Incorporated or Qualifed				
1		26				03/24/1995				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	+-+-	pplied For		
2		27				65-0676845		ot Applicable		
City & Stat	le .	City & State				5. Certifcate of Status Desired	•	Additional equired		
3		28	Countr	.,						
Zip	Country	Zip	Countr	у		Election Campaign Financing Trust Fund Contribution	•	May Be to Fees		
4	9. Name and Address of Current	29 30	<u> </u>		1	10. Name and Address of New Registere		10 1 663		
	5. Name and Address of Current	Kedistalen Wallt	8	1 Name		THE THE THE THE TENT OF THE TE				
	· · ·		Ľ							
HARDY, L			82	2 Street	Addres	s (P.O. Box Number is Not Acceptable)				
	STRIBO STREET		83	3						
H.C. 61 B								<u> </u>		
CLEWIST	ON FL 33440		84	4 City		F	85 Zip	Code		
SIGNATURE	m familiar with, and accept the obligation LOU HARLY Signature, typed or printed name of registered agent a	PRESIDENT INDICATE: Re	- J C	u	w beniupen	ardy JAM 4, hen reinsten) ADDITIONS/CHANGES TO OFFICERS	199	9		
12.	OFFICERS AND		13.				Change	Addition		
TILE	P	☐ DELETE	1.7 TITLE		P/V	ADY LOU.	(F) change			
IAME	HARDY, LOU		1.2 NAME		HA	ON. ESTRIBO STREET				
TREET ADDRESS	440 N. ESTRIBO STREET			ET ADDRESS	64	EWISTON FL= 3-8840-				
TTY-ST-ZIP	CLEWISTON FL 33440	M DELETE	14 CITY- 2.1 TITLE		5.		Change	Addition		
TILE	_	G Section	2.2 NAME		عمدما	RY CASTRO	_ •			
LAME :TREET ADDRESS:	EASON, ALICE 860 S. QUEBRADA STREET			ET ADDRESS	810 N. FRONCH STREET					
TTY-ST-ZIP	CLEWISTON FL 33440		2.4 CITY-		646	EWISTON F4. 33440				
TILE	S	☐ DELETE	3.1 TITLE		d.	*	Change	☐ Addition		
IAME	HARDY, LUISA		3.2 NAMË		HA	RAY LUESA	•			
TREET ADDRESS	440 N. ESTRIBO STREET		3.3 STREI	ET ADDRESS	440	N. ESTRIBO STREET				
:ITY-ST-ZIP	CLEWISTON FL 33440	/	3.4. CITY-			EWISTON EL. 33440		<u>.</u>		
ITLE	T	DELETE	4.1 TITLE	T.	A	LEL FAIRCHIELD	Change	Addition		
IAME	BROWN, RUBY	1	4. 2 NAME			·				
TREET ADDRESS	255 N. OLIVO STREET	•	4.3 STREI	ET ADDRESS	8 8	LO S. TREBOL				
ITY-ST-ZIP	CLEWISTON FL 33440		4.4 CITY-	ST-ZIP	C.L	EWISTON FL. 37440	<u>) </u>			
TILE	D	☑ DELETE	5.1 TITLE			ARON MELANSON	Change	Addition		
IAME	EASON, ROY		5.2 NAME		K	on, sendero straet	-			
TREET ADORESS	860 S. QUEBRADA STREET	,	•	ET ADDRESS						
XTY-ST-ZIP	CLEWISTON FL 33440		5.4 CITY-		SLEWISTON FL. 33840					
TILE	D	☑ DELETE	6.1 TITLE		1		Change	Addition		
IAME	FERRER, LOPEZ		6.2 NAME							
TREET ADDRESS	780 N. WILLOW STREET			ET ADORESS	1					
ITY-ST-ZIP	CLEWISTON FL 33440		6.4 CITY-	\$1-ZIP	l					

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 suppliemental 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.

JAN. 4, 1999 941-983-6666