

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001496

FILED
Feb 02, 2009
Secretary of State

Entity Name: HERNANDO BEACH/FOREST GLENN CRIME WATCH, INC.

Current Principal Place of Business:

5165 FOREST GLENN DRIVE
#28
SPRING HILL, FL 34607 US

New Principal Place of Business:

Current Mailing Address:

5165 FOREST GLENN DRIVE
#28
SPRING HILL, FL 34607 US

New Mailing Address:

FEI Number: 59-3307497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, LORI
3216 SPANISH BAYONET DRIVE
HERNANDO BEACH, FL 34607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JAWORSKI, LUCILLE
Address: 4151 DIAZ CT
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: VP () Delete
Name: JOHNSON, DELTON
Address: 3317 SCARLETT SAGE
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: P () Delete
Name: MCQUADE, JOHN
Address: 3216 SPANISH BAYONET DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: D () Delete
Name: KASPER, ART
Address: 3194 GULF COAST DR.
City-St-Zip: HERNANDO, FL 34607

Title: T () Delete
Name: HARRIS, LORI
Address: 3216 SPANISH BAYONET DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: D () Delete
Name: O'GRADY, TED
Address: 6455 AMBER JACK DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI HARRIS

TRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date