

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003577 (1)**

1. Corporation Name

SHOP CRIME WATCH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~1470 FRUITVILLE ROAD~~
SARASOTA FL 34236

~~1470 FRUITVILLE ROAD~~
SARASOTA FL 34236-4912

3. Date Incorporated or Qualified
07/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **500 S. PINEAPPLE AVE**

26 **500 S. PINEAPPLE AVE**

4. FEI Number

65-0679853

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23 **SARASOTA FL**

28 **SARASOTA FL**

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **34236**

25 **SARASOTA**

29 **34236**

30 **SARASOTA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEREWETHER, JAMES L
~~1470 FRUITVILLE ROAD~~
SARASOTA FL 34236

81 Name

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

500 S. PINEAPPLE AVE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MEREWETHER, JAMES L**
STREET ADDRESS **1470 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA FL 34236**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **500 S. PINEAPPLE AVE**
1.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE
NAME **FORST, DONALD J**
STREET ADDRESS **1470 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA FL 34236**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **500 S. PINEAPPLE AVE**
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **COSTILLO, SONIA**
STREET ADDRESS **1470 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA FL 34236**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **508 S. PINEAPPLE AVE**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

REQUIREMENT
DONALD J FORST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (941) 955-7577

Date

Daytime Phone # **0061121**

CP2E037 (9/96)