

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003903 (9)**
1. Corporation Name

FLORIDA GARDENS CRIME WATCH ASSOCIATION, INC.



Principal Place of Business 260 AKRON ROAD LAKE WORTH FL 33467	Mailing Address 260 AKRON ROAD LAKE WORTH FL 33467-4802
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3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0683731	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WITKOWSKI, RONALD 376 RIVER EDGE ROAD JUPITER FL 33477	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CANDEA, JIM
STREET ADDRESS	260 AKRON ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> DELETE
NAME	GUINN, CELESTE
STREET ADDRESS	36 EAST ARCH DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GUINN, LEE
STREET ADDRESS	36 EAST ARCH DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> DELETE
NAME	NADEAU, LUC
STREET ADDRESS	124 SPRINGDALE ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> DELETE
NAME	CLEMENT, DAVID
STREET ADDRESS	289 OLIVE ROAD
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Candea, Jim
1.3 STREET ADDRESS	260 Akron Road, Lake Worth FL
1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
2.1 TITLE	Secretary /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Guinn, Celeste
2.3 STREET ADDRESS	36 East Arch Drive
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
3.1 TITLE	Treasurer /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Olsen, Allen
3.3 STREET ADDRESS	244 Ohio Rd.
3.4 CITY-ST-ZIP	Lake Worth, FL 33467
4.1 TITLE	Sgt at Arms /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nadeau, Luc
4.3 STREET ADDRESS	124 Springdale Road
4.4 CITY-ST-ZIP	Lake Worth, FL 33467
5.1 TITLE	Vice President /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clement, David
5.3 STREET ADDRESS	289 Olive Road
5.4 CITY-ST-ZIP	Laks Worth FL 33467
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE IN BLOCK 13: **6-10-97 561-964-5697**

CR2E037 (9/96)