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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAR -9 PM 2:58
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006604

Corporation Name
SUWANNEE NEIGHBORHOOD CRIME WATCH, INC.

Principal Place of Business	Mailing Address
114 N.E. FIRST STREET TRENTON FL	P.O. BOX 308 TRENTON FL 32693

2. Principal Place of Business: 21 44 CABBAGE ROAD; Suite, Apt #, etc 22; City & State 23 SUWANNEE FL; Zip 24 32692; Country 25 USA

2a. Mailing Address: 26 PO BOX 361; Suite, Apt #, etc 27; City & State 28 SUWANNEE FL; Zip 29 32692; Country 30 USA

3. Date Incorporated or Qualified: 11/24/1997

4. FEI Number: 59-3504084 ☐ 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

BURT, THEODORE M
P.O. BOX 308
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name: JAMES R GOMIA
82 Street Address (P.O. Box Number is Not Acceptable): 44 CABBAGE ROAD
83
84 City: SUWANNEE FL 85 Zip Code: 32692

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: James R Gomia JAMES R. GOMIA PRESIDENT — 6 MARCH 1999
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	DP	☐ DELETE
NAME	GOMIA, JAMES R	
STREET ADDRESS	44 CABBAGE LANE	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DV	☐ DELETE
NAME	WRIGHT, JIM	
STREET ADDRESS	115 BAY DR	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DS	☐ DELETE
NAME	COX, MARILOU	
STREET ADDRESS	489 CANDY LANE	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DT	☐ DELETE
NAME	MEANS, JAN	
STREET ADDRESS	SHINGLE CREEK RD	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	D	☐ DELETE
NAME	PATRICK, S F	
STREET ADDRESS	212 LEON DR. P.O. BOX 32	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	D. VICE PRES - PROJECTS	☒ Change ☐ Addition
2 2 NAME	CLAUDE McGEE	
2 3 STREET ADDRESS	398 MC COYER	
2 4 CITY-ST-ZIP	SUWANNEE FL 32692	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE	D. TREASURER	☒ Change ☐ Addition
4 2 NAME	MARGARET WRIGHT	
4 3 STREET ADDRESS	130 DIXIE DRIVE	
4 4 CITY-ST-ZIP	SUWANNEE FL 32692	
5 1 TITLE	D. VICE PRES - PROGRAMS	☒ Change ☐ Addition
5 2 NAME	DOLORES WRIGHT	
5 3 STREET ADDRESS	115 BAY DRIVE	
5 4 CITY-ST-ZIP	SUWANNEE FL 32692	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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: James R Gomia JAMES R. GOMIA — 6 MARCH 1999 — 352-542-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #