

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90027 004 ****61.25

0079473

DOCUMENT # N98000000824

1. Entity Name

NORTH TAMPA COMMUNITY CRIME WATCH & CIVIC ASSOCIATION, INC.

Principal Place of Business

**1422 EAST 109TH AVENUE
TAMPA FL 33612**

Mailing Address

**P.O. BOX 17055
TAMPA FL 33682-7055**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3505607**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAFFER, BETTY J
1422 EAST 109TH AVENUE
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	FAY, MARTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10006 N. LANTANA AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEENE, VERA M	
STREET ADDRESS	1423 E. 109TH AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, BETTY J	
STREET ADDRESS	1422 E. 109TH AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	T	<input type="checkbox"/> Delete
NAME	DICKERSON, FLORENCE	
STREET ADDRESS	1216 E SENECA AVE. APT A	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARNHART, CAROL	
STREET ADDRESS	10918 N 14TH STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, BETTY J	
STREET ADDRESS	1422 E 109TH AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, DAVIA	
STREET ADDRESS	1412 E 109TH AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, MARTY	
STREET ADDRESS	10006 N LANTANA AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, HELEN	
STREET ADDRESS	10606 ASTER ST	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA KEENE **3-5-02** **813-977-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)