

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 011 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3505607	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WEST, DAVID STREET ADDRESS 1412 E 109TH AVE CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE YP NAME ZIMMERMAN, HELEN STREET ADDRESS 10606 ASTER ST CITY-ST-ZIP TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHANGE FROM & TO VP	
TITLE TD NAME KEENE, VERA M STREET ADDRESS 1423 E. 109TH AVE. CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FAY, MARY STREET ADDRESS 216 VISTA DR CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FAY, MARTY STREET ADDRESS 10006 N. LANTANA AVE. CITY-ST-ZIP TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BARNHART, CAROL STREET ADDRESS 10918 N 14TH STREET CITY-ST-ZIP TAMPA, FL 33619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZIMMERMAN, HELEN STREET ADDRESS 10606 ASTER ST CITY-ST-ZIP TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Vera M. Keene</i> VERA M KEENE			3-7-04		813 977 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #