

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 049 *****61.25

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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

1st MOORE

CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Betty J. Shaffer

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEST, DAVID	
STREET ADDRESS	1412 E 109TH AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input checked="" 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	ZIMMERMAN, HELEN	
STREET ADDRESS	10606 ASTER ST	
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		
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	KEENE, VERA M	
STREET ADDRESS	1423 E. 109th Ave	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY J. SHAFER	
STREET ADDRESS	1422 E. 109th Avenue	
CITY-ST-ZIP	Tampa, FL. 33612	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, DAVID	
STREET ADDRESS	1412 E. 109th Ave	
CITY-ST-ZIP	TAMPA, FL. 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN FAY	
STREET ADDRESS		
CITY-ST-ZIP		
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: *Betty J. Shaffer*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/05

(813)

971-2481

Date

Daytime Phone #