

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90065 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004748

1. Corporation Name

CRIME STOPPERS OF LEVY COUNTY, FLORIDA, INC.

Principal Place of Business

130 S MAIN STREET
WILLISTON FL 32696

Mailing Address

130 S MAIN STREET
WILLISTON FL 32696

339831-90124-7



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9150 NE 80th Avenue		28 P.O. Box 1846		08/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		4. FEI Number	
				59-3527627	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
23 Bronson FL		28 Bronson FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 32621 25 Levy		29 32621 30 Levy			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SUBIC, JOSEPH 130 S MAIN STREET WILLISTON FL 32696				81 Name Ted F. Glass	
				82 Street Address (P.O. Box Number is Not Acceptable) 9150 NE 80th Avenue	
				83	
				84 City Bronson FL 85 Zip Code 32621	
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 <i>Ted F. Glass</i>				DATE April 9, 1999	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when resigning)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/D
STREET ADDRESS		1.3 STREET ADDRESS	Keith E. Kocher
CITY-ST-ZIP		1.4 CITY-ST-ZIP	6390 NE 185th Terr, Williston, FL 32696
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP/D
STREET ADDRESS		2.3 STREET ADDRESS	Tony Days
CITY-ST-ZIP		2.4 CITY-ST-ZIP	21330 NE 37th Place Williston, FL 32696
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S/D
STREET ADDRESS		3.3 STREET ADDRESS	Toni C. Collins
CITY-ST-ZIP		3.4 CITY-ST-ZIP	307 SE 4th Terrace Williston, FL 32696
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T/D
STREET ADDRESS		4.3 STREET ADDRESS	Betty Fender
CITY-ST-ZIP		4.4 CITY-ST-ZIP	320 SE 4th Court Williston, FL 32696
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 817, 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: *Toni C. Collins* **REQUIRED** **Toni C. Collins, Sec.** (352) **528-0102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)