## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003303

Entity Name: OAK GROVE CRIME WATCH INC.

FILED Apr 22, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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24306 ROLLING VIEW CT 24742 LAUREL RIDGE DRIVE

LUTZ, FL 33559 LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

24306 ROLLING VIEW CT 24742 LAUREL RIDGE DRIVE

LUTZ, FL 33559 LUTZ, FL 33559

FEI Number: 01-0807292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TARPEY, BARBARA A

24306 ROLLING VIEW CT

LUTZ, FL 33559 US

DILBERT, JOEL P

24742 LAUREL RIDGE DRIVE

LUTZ, FL 33559 US

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: JOEL PAUL DILBERT 04/22/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: TARPEY, BARBARA Name: DILBERT, JOEL P
Address: 24306 ROLLING VIEW CT. Address: 24742 LAUREL RIDGE DRIVE

City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DILBERT, VERONICA
 Name:

 Address:
 24742 LAUREL RIDGE DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 33559
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FISHER, LINDSAY
 Name:
 GARCIA, MICHELE

 Address:
 SIENA DR.
 Address:
 24416 KARNALI CT

 City-St-Zip:
 LUTZ, FL 33559
 LUTZ, FL 33559
 LUTZ, FL 33559

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KENNEY, PAMELA
 Name:

 Address:
 24519 KARNALI CT
 Address:

 City-St-Zip:
 LUTZ, FL 33559
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL PAUL DILBERT P 04/22/2006