

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003303

FILED
Apr 01, 2008
Secretary of State

Entity Name: OAK GROVE CRIME WATCH INC.

Current Principal Place of Business:

24306 ROLLING VIEW CT
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

24306 ROLLING VIEW CT
LUTZ, FL 33559

New Mailing Address:

FEI Number: 01-0807292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARPEY, BARBARA A
24306 ROLLING VIEW CT
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TARPEY, BARBARA A
Address: 24306 ROLLING VIEW CT
City-St-Zip: LUTZ, FL 33559

Title: VP () Delete
Name: ASHLEY, ROY
Address: 24236 SATINWOOD CT
City-St-Zip: LUTZ, FL 33559

Title: S () Delete
Name: FROMOWITZ, CAROL
Address: 24718 SIENA DR
City-St-Zip: LUTZ, FL 33559

Title: T (X) Delete
Name: KENNEY, PAMELA
Address: 24519 KARNALI CT
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GARCIA, MICHELLE
Address: 24416 KARNALI CT
City-St-Zip: LUTZ, FL 33559

Title: T (X) Change () Addition
Name: KENNY, PAMELA
Address: 24519 KARNALI CT
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA TARPEY

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date