

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N04960 (3)**

1. Corporation Name

**CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2400 W 33RD ST  
 ORLANDO FL 32809  
 US

2400 W 33RD ST  
 ORLANDO FL 32809  
 US

3. Date Incorporated or Qualified: **08/21/1984**  
 3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2445513</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CAWN, SANDY**  
 2400 W 33RD ST  
 ORLANDO FL 32839

81 Name: **Louis R. Wood**  
 82 Street Address (P.O. Box Number is Not Acceptable): **2400 W. 33RD STREET**  
 83  
 84 City: **ORLANDO** FL 85 Zip Code: **32836**

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: *Louis R. Wood* DATE: **February 20, 1996**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P NUSS, RICK</b>	1.2 NAME	<b>MARIAN HULTGREEN</b>
STREET ADDRESS	<b>401 S. DARK AVE.</b>	1.3 STREET ADDRESS	<b>2400 W. 33RD STREET</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32808</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V FORD, BILL</b>	2.2 NAME	<b>DOROTHY BURKETT</b>
STREET ADDRESS	<b>4209 VINELAND RD SUITE J-7</b>	2.3 STREET ADDRESS	<b>1345 28TH ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>SANFORD, FL. 32773</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S KAY, RICHARD</b>	3.2 NAME	<b>RICHARD KAY</b>
STREET ADDRESS	<b>1345 28TH ST.</b>	3.3 STREET ADDRESS	<b>1345 28TH ST.</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	3.4 CITY-ST-ZIP	<b>SANFORD, FL 32773</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T CAWN, SANDY</b>	4.2 NAME	<b>LOUIS R. WOOD</b>
STREET ADDRESS	<b>2400 W 33RD ST</b>	4.3 STREET ADDRESS	<b>2400 W. 33RD ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>ORLANDO FL 32809</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WELLS, PATRICIA</b>	5.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>2400 W. 33RD ST.</b>	5.3 STREET ADDRESS	<b>SWARON CELLIS DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HULTGREEN, MARIAN</b>	6.2 NAME	<b>WILLIAM FORD</b>
STREET ADDRESS	<b>2400 W 33RD ST</b>	6.3 STREET ADDRESS	<b>4209 VINELAND RD. STE. J-7</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32811</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis R. Wood* DATE: **06-12-96** DAYTIME PHONE: **407-354-3924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)