

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 32839-8704 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/21/1984</b>		3a. Date of Last Report <b>06/20/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2445513</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOOD, LOUIS R 2400 W 33RD STREET ORLANDO FL 32838</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 *Sandra B. Mortham* **2-4-97** (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HULTGREEN, MARIAN</b>			1.2 NAME			
STREET ADDRESS	<b>2400 W 33RD STREET</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BURKETT, DOROTHY</b>			2.2 NAME			
STREET ADDRESS	<b>1345 28 TH STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANFORD FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>KAY, RICHARD</b>			3.2 NAME			
STREET ADDRESS	<b>1345 28TH ST.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANFORD FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WOOD, LOUIS R</b>			4.2 NAME			
STREET ADDRESS	<b>2400 W 33RD ST</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CELCIS, SHARON</b>			5.2 NAME			
STREET ADDRESS	<b>6504 CARRIER DRIVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WILLIAM, FORD</b>			6.2 NAME			
STREET ADDRESS	<b>4209 VINELAND ROAD STE J-7</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			6.4 CITY-ST-ZIP			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* (PRINTED)

CR2E037 (9/96)