

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90039 027 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04960

1. Corporation Name

CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCIATION, INC.

Principal Place of Business

2400 W 33RD ST
 ORLANDO FL 32809
 US

Mailing Address

2400 W 33RD ST
 ORLANDO FL 32809
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/21/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2445513	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WOOD, LOUIS R
 2400 W 33RD STREET
 ORLANDO FL 32836

10. Name and Address of New Registered Agent

81	Name	CRAIG DORRIS	
82	Street Address (P.O. Box Number is Not Acceptable)	2400 W. 33RD STREET	
83			
84	City	FL	85 Zip Code
			32802

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

[Signature] CRAIG DORRIS
 (NOTE: Registered Agent signature required when reinstating)

4-12-99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULTGREEN, MARIAN	1.2 NAME	KEITH PARSONS
STREET ADDRESS	2400 W 33RD STREET	1.3 STREET ADDRESS	400 SIMPSON RD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	N.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, DOROTHY	2.2 NAME	WILLIAM FORD
STREET ADDRESS	1345 28 TH STREET	2.3 STREET ADDRESS	4209 VINELAND ROAD STE J-7
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, RICHARD	3.2 NAME	
STREET ADDRESS	1345 28TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, LOUIS R	4.2 NAME	CRAIG DORRIS
STREET ADDRESS	2400 W 33RD ST	4.3 STREET ADDRESS	2400 W. 33RD STREET
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32802
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CELCIS, SHARON	5.2 NAME	
STREET ADDRESS	6504 CARRIER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	WILLIAM, FORD	6.2 NAME	KAREN MURPHY DIRECTOR
STREET ADDRESS	4209 VINELAND ROAD STE J-7	6.3 STREET ADDRESS	400 SIMPSON ROAD
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	KISSIMMEE, FL 34744

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 617, 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Louis R. Wood 4-12-99 407-354-5924
 Date Daytime Phone #

CR2E037 (1/198)