

N04960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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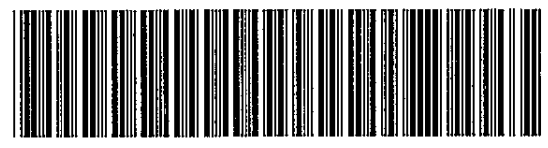
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCIATION, INC.

**DOCUMENT NUMBER:** N04960

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA McFADDEN

(Name of Contact Person)

c/o LAKE COUNTY SHERIFF'S OFFICE

(Firm/ Company)

360 WEST RUBY STREET

(Address)

TAVARES, FLORIDA 32778

(City/ State and Zip Code)

For further information concerning this matter, please call:

LINDA McFADDEN

(Name of Contact Person)

at ( 352 ) 343-9513

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



The date of adoption of the amendment(s) was: \_\_\_\_\_

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s)      **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Linda McFadden  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LINDA McFADDEN  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)

**FILING FEE: \$35**