


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N04960

1. Entity Name
CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**360 WEST RUBY STREET
TAVARES, FL 32778 US** **360 WEST RUBY STREET
TAVARES, FL 32778 US**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-2445513 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCFADDEN, LINDA
360 W RUBY STREET
TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda McFadden Linda McFadden 2/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FORD, BILL
STREET ADDRESS	4209 VINELAND RD., J7
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	T
NAME	MCFADDEN, LINDA
STREET ADDRESS	360 WEST RUBY STREET
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	V
NAME	HARVILLE, LINDA
STREET ADDRESS	360 WEST RUBY STREET
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	S
NAME	KAY, RICHARD
STREET ADDRESS	100 BUSH BLVD
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000434594
1/2/25/06-80007-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda McFadden Linda McFadden 2/13/06 352-343-9513
Signature and typed or printed name of signing officer or director Date Daytime Phone #