

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 26, 2009
Secretary of State**

DOCUMENT# N04960

Entity Name: CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.

Current Principal Place of Business:

360 WEST RUBY STREET
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

360 WEST RUBY STREET
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-2445513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARVILLE, LINDA
Address: 360 WEST RUBY STREET
City-St-Zip: TAVARES, FL 32778 US

Title: T () Delete
Name: MCFADDEN, LINDA
Address: 360 WEST RUBY STREET
City-St-Zip: TAVARES, FL 32778 US

Title: V () Delete
Name: FORD, BILL
Address: 4209 VINELAND ROAD, # J7
City-St-Zip: ORLANDO, FL 32811 US

Title: S () Delete
Name: SEDA, ANTHONY
Address: 165 E CRYSTAL LAKE AVE
City-St-Zip: LAKE MARY, FL 32740

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCDONALD, TERESA
Address: 4195 S US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MCFADDEN

S

06/26/2009

Electronic Signature of Signing Officer or Director

Date