

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002703 (5)

1. Corporation Name

**THE FLORIDA CRIMINAL JUSTICE EXECUTIVE INSTITUTE
ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**140 ARICA LANE
CUDJO KEY FL 33042-4235**

**140 ARICA LANE
CUDJO KEY FL 33042-4235**

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0593595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**WINEGARDEN, BRUCE
140 ARICA LANE
CUDJO KEY FL 33042-4235**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DUPONT, JAMES**
STREET ADDRESS **2236 SHORE DR**
CITY-STATE-ZIP **ST AUGUSTINE FL**

TITLE **PD** ☐ DELETE
NAME **CLARK, HALIFAX C**
STREET ADDRESS **340 OCEAN DR**
CITY-STATE-ZIP **JUNO BEACH FL 33408**

TITLE **VD** ☐ DELETE
NAME **SLOAN, RICHARD**
STREET ADDRESS **455 N BROADWAY**
CITY-STATE-ZIP **BARTOW FL 33830**

TITLE **VD** ☐ DELETE
NAME **BRYANT, ELAINE**
STREET ADDRESS **2715 CHARLESTON CT**
CITY-STATE-ZIP **TALLAHASSEE FL 32308**

TITLE **ST** ☐ DELETE
NAME **WINEGARDEN, BRUCE**
STREET ADDRESS **140 ARICA LANE**
CITY-STATE-ZIP **CUDJO KEY FL 33042-4235**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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02/15/96-01076-001
*****61.25**

all in one

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bruce T. Winegarden* **Bruce T. Winegarden**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/96

Date

(305) 745-3184

Daytime Phone #

CR2E037 (12/95)