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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
02/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
25

28 Zip Country
29 30

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

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CLARK, HALIFAX C
1.3 STREET ADDRESS 340 OCEAN DR
1.4 CITY-ST-ZIP JUNO BEACH, FL 33408

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

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME CINDY CLIFFORD
2.3 STREET ADDRESS 1430 HARDEN RD
2.4 CITY-ST-ZIP PT ORANGE, FL 32119

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Bruce Winegarden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97
Date

(905) 745-3184
Daytime Phone # 0024713

CR2E037 (9/96)