

FILE NOW: FILING FEE IS \$61.25

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**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002703 (5)
1. Corporation Name
THE FLORIDA CRIMINAL JUSTICE EXECUTIVE INSTITUTE ASSOCIATES, INC.



Principal Place of Business 140 ARICA LANE CUDJO KEY FL 33042-4235	Mailing Address 140 ARICA LANE CUDJO KEY FL 33042-4235
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3. Date Incorporated or Qualified 06/09/1995		
4. FEI Number 65-0593595	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	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 Bruce T. Winegarden / **Bruce T. Winegarden** DATE 3/24/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, HALIFAX C.	
STREET ADDRESS	340 OCEAN DR.	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, HALIFAX C	
STREET ADDRESS	340 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLOAN, RICHARD	
STREET ADDRESS	455 N BROADWAY	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRYANT, ELAINE	
STREET ADDRESS	2715 CHARLESTON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WINEGARDEN, BRUCE	
STREET ADDRESS	140 ARICA LANE	
CITY-ST-ZIP	CUDJO KEY FL 33042-4235	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CINDY CLIFFORD	
STREET ADDRESS	1430 HARDEN RD.	
CITY-ST-ZIP	PT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sloan, Richard	
1.3 STREET ADDRESS	455 N Broadway	
1.4 CITY-ST-ZIP	Bartow, FL 33830	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Merchant, Robert C., Jr	
2.3 STREET ADDRESS	225 Newburyport Ave.	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 T. Winegarden DATE 3/24/98 305-746-3184

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