NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500002703

THE FLORIDA CRIMINAL JUSTICE EXECUTIVE INSTITUTE ASSOCIATES, INC.

Principal Place of Business 140 ARICA LANE CUDJO KEY FL 33042-4235

2. Principal Place of Business

21

Mailing Address

140 ARICA LANE

2a. Mailing Address

26

CUDJO KEY FL 33042-4235

FILED Jun 01, 1999 8:00 am § Secretary of State

06-01-1999 90017 042 ****61.25

3. Date Incorporated or Qualifed

06/09/1995

21		[26]	_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0593595	\rightarrow	Applied For	
22		27			00-0090090		Not Applicable	
City & State)	City & State			5. Certificate of Status Desired		Additional Required	
23 Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.0	May Be	
24	25	<u> </u>	30		Trust Fund Contribution		d to Fees	
<u> </u>	9. Name and Address of Current				10. Name and Address of New Registered A	gent		
	o. Halle and Address of Californ		81	Name				
WINEGARDEN, BRUCE 140 ARICA LANE				Co. 1 A Live (D.O. Dev. Murchas in Mat Accountable)				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
CUDJO KE	EY FL 33042-4235							
			84	City	FL	85 Zij	o Code	
				<u> </u>		hanging i	ts registered	
office or re agent. I as	egistered agent, or both, in the State o m familiar with, and accept the obligation	ons of, Section 617.0503, Flor	ida Statutes	s.	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	tment as	registered	
	Signature, typed or printed name of registered agent		Registered Age	nt signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
12.	OFFICERS AND	DIRECTORS				Change	e Addition	
TITLE	PD	X DELETE	1.1 TITLE		PD	X		
NAME	SLOAN, RICHARD		1.2 NAME		MERCHANT, JR., Robert C.			
STREET ADDRESS	455 N BROADWAY			TADDRESS	225 Newnuryport Ave.			
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-5	ST-ZIP	<u>ALTAMONTE ŠPRINGS, FL 32701</u>	[] Chang	e 🙀 Addition	
TITLE	VP	☐ DELETE	2.1 TITLE		VD	L; Onling	A A Madellon	
NAME	MERCHANT, ROBERT C J		2.2 NAME		SCHREIBER, REBECCA K.			
STREET ADDRESS	225 NEWBURYPORT AVE		2.3 STREE	TADDRESS	1665 BOSARGE DR.		!	
CITY-ST-ZIP	ALTAMONT SPRINGS FL 32701	V	2. 4 CITY-	ST-ZIP	BARTOW, FL 33830	=7.05	T Addison	
TITLE	VD	☐*DELETE	3.1 TITLE		VD	Chang	e X Addition	
NAME	SLOAN, RICHARD		3.2 NAME		FELDMAN, GREG			
STREET ADDRESS	455 N BROADWAY		3.3 STREE	TADDRESS	10355 SW 135 ST.			
CITY-ST-ZIP	BARTOW FL 33830		3.4. CITY-	ST-ZIP	MIAMI FL 33176		=	
TITLE	VD	X DELETE	4.1 TITLE		VD	Chang	e 🕌 Addition	
NAME	BRYANT, ELAINE		4. 2 NAME		DRAYTON, CAREY M.			
STREET ADDRESS	2715 CHARLESTON CT		4.3 STREE	TADORESS	2280 INDIAN SPRINGS CT.		•	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-	ST-ZIP	TALLAHASSEE, FL 32303			
TITLE	ST	☐ DELETE	5.1 TITLE		211111111111111111111111111111111111111	Chang	e 🗀 Addition	
NAME	WINEGARDEN, BRUCE		5.2 NAME					
STREET ADDRESS	140 ARICA LANE		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	CUDJO KEY FL 33042-4235		5.4 CITY-	ST-ZIP			****	
TITLE	VD	DELETÉ	6.1 TITLE			Chang	e Addition	
NAME	CINDY CLIFFORD	Λ	6.2 NAME	}				
STREET ADDRESS	4400 11400EN DD		6.3 STREE	TADORESS				
CITY-ST-ZIP	PT ORANGE FL		6.4 CITY-	ST-ZIP				
OHT-ST-ZIP	I I VIENTOCIE	this filing does not qualify for	the evenn	tion stated	in Section 119.07(3)(i), Florida Statutes. I further cer	lify that the	e 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 ar 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, with all other like empowered.

SIGNATURE: