

**CORPORATION
ANNUAL REPORT
1999**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002223

1. Corporation Name

THE ASSOCIATION FOR THE PREVENTION OF CRIME INC.

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90013 031 ****61.25

Principal Place of Business
8249 NW 14TH ST.
CORAL SPRINGS FL 33071

Mailing Address
8249 NW 14TH ST.
CORAL SPRINGS FL 33071

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1998	
21. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number ☐ Applied For ☒ Not Applicable	
22. City & State		2c. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip Country		2d. Zip Country		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24. Zip		2e. Zip		30. City	
9. Name and Address of Current Registered Agent BERNER, ALISON 8249 NW 14TH ST. CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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]

(NOTE: Registered Agent signature required when reappointing)

DATE

7.30.99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition 6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

8.10.99

CR2037 (5/99)