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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717314

1. Corporation Name

FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED

Principal Place of Business

95 LAKE TRIPLET DR  
CASSELBERRY FL 32707  
US

Mailing Address

PO BOX 4176  
WINTER PARK FL 32793  
US



2. Principal Place of Business

21 P.O. Box 4176

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
10/08/1969

4. FEI Number  
59-2945841

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

9. Name and Address of Current Registered Agent

SIMPSON, PATRICK D  
1365 FLOWERS POINTE LANE  
P.O. BOX 1871  
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name SIMPSON, PATRICK D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
9430 LAKE DOUGLAS PLACE  
83  
84 City ORLANDO FL 85 Zip Code 32817

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

9/10/2000

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ~~BOCK, ALAN~~  
STREET ADDRESS 2801 W BROWARD BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE TS  
NAME SIMPSON, PATRICK D  
STREET ADDRESS 95 LAKE TRIPLET DR  
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE D  
NAME ~~CALHOUN, GARY~~  
STREET ADDRESS 1776 INDEPENDENCE LANE  
CITY-ST-ZIP MAITLAND FL

DELETE

TITLE VD  
NAME BEEBE, JAMES  
STREET ADDRESS 1 SOUTH PARK AVE  
CITY-ST-ZIP INVERNESS FL

DELETE

TITLE D  
NAME ~~PRATT, JAMES~~  
STREET ADDRESS 219 N. MASSACHUSETTS AVENUE  
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME PASSANESI, Joseph  
1.3 STREET ADDRESS 800 S. E. Monterey Rd.  
1.4 CITY-ST-ZIP STUART, FL 34994

Change Addition

2.1 TITLE TS  
2.2 NAME SIMPSON, PATRICK D.  
2.3 STREET ADDRESS 9430 LAKE DOUGLAS PLACE  
2.4 CITY-ST-ZIP ORLANDO, FL 32817

Change Addition

3.1 TITLE D  
3.2 NAME MCDANIEL, STEVEN  
3.3 STREET ADDRESS 401 PARK AVENUE SOUTH  
3.4 CITY-ST-ZIP WINTER PARK, FL 32789

Change Addition

4.1 TITLE D  
4.2 NAME CHANTLOS, EARL  
4.3 STREET ADDRESS P.O. BOX 3371  
4.4 CITY-ST-ZIP TAMPA, FL 33601

Change Addition

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

Change Addition

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

Change Addition

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

9/10/2000

407-312-0032