

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717314

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED

Current Principal Place of Business:

504 NW 4TH ST
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4176
WINTER PARK, FL 32793 US

New Mailing Address:

FEI Number: 83-0382931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRIPLING, STANLEY K
504 NW 4TH ST
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRIPLING, STANLEY K
Address: 504 NW 4TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: V () Delete
Name: SCHUPP, DAVID K
Address: 173 ARVIDA PKWY
City-St-Zip: WESTIN, FL 33326

Title: T () Delete
Name: PASSANESI, LAURA
Address: 800 SE MONTEREY RD
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: WELLS, CHIP
Address: 1300 FIRST AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: D () Delete
Name: GONSALVES, WILLIAM
Address: 355 RIVERSIDE CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BURNS, NANCY
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA G. PASSANESI

TRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date