

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04960

**Entity Name:** CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.

**FILED**  
**Feb 07, 2022**  
**Secretary of State**  
**3480828875CC**

**Current Principal Place of Business:**

1833 LOST PINE LN.  
APOPKA, FL 32712

**Current Mailing Address:**

PO BOX 2246  
WINTER PARK, FL 32790 US

**FEI Number: 59-2445513**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RYAN, LACEE R  
1833 LOST PINE LN.  
APOPKA, FL 32712 US

*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: LACEE R RYAN**

**02/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RYAN, LACEE  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            VP  
Name            FLANARY, JACK  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            TREASURER  
Name            THOMPSON, LINDA  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            EX OFFICIO  
Name            SAMSON, BOB  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            DIRECTOR SEAT 1  
Name            MURRAY, STANLEY  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            DIRECTOR SEAT 2  
Name            BURGOS, LISSETTE  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            DIRECTOR SEAT 3  
Name            CIESZYNSKI, LIZA  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

Title            SECRETARY  
Name            YIELDING, MICHELLE  
Address        PO BOX 2246  
City-State-Zip: WINTER PARK FL 32790

*I hereby 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 all other like empowered.*

**SIGNATURE: LINDA THOMPSON**

**TREASURER**

**02/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date