

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04960

FILED
Jun 30, 2017
Secretary of State
CC9453265360

Entity Name: CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.

Current Principal Place of Business:

1833 LOST PINE LN.
APOPKA, FL 32712

Current Mailing Address:

PO BOX 432
GOLDENROD, FL 32733 US

FEI Number: 59-2445513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONE, WILLIAM VICE PRESIDENT
100 BUSH BLVD
SANFORD, FL 32773 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: WILLIAM W. STONE

06/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JUSTINIANO, SANJUANITA
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

Title VP
Name STONE, WILLIAM W
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

Title SECRETARY
Name MATVIAK, REBEKAH
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

Title TREASURER
Name GERARD, LACEE
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

Title DIRECTOR
Name SAMSON, BOB
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

Title DIRECTOR
Name RODRIGUEZ, JAVIER
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

Title DIRECTOR
Name TRAINER, LORI
Address PO BOX 432
City-State-Zip: GOLDENROD FL 32733

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: WILLIAM W. STONE

VICE PRESIDENT

06/30/2017

Electronic Signature of Signing Officer/Director Detail

Date