2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04960

Entity Name: CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.

FILED Feb 27, 2019 Secretary of State 1592847881CC

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:

GERARD, LACEE 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: LACEE GERARD 02/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VF

Name SCOTT-MARSH, PATERA Name GERARD, LACEE R

Address PO BOX 432 Address PO BOX 432

City-State-Zip: GOLDENROD FL 32733 City-State-Zip: GOLDENROD FL 32733

Title SECRETARY Title TREASURER

Name FRANQUIZ, JIM Name THOMPSON, LINDA

Address PO BOX 432 Address PO BOX 432

City-State-Zip: GOLDENROD FL 32733 City-State-Zip: GOLDENROD FL 32733

Title EX OFFICIO Title DIRECTOR SEAT 1

Name SAMSON, BOB Name SMITH-HERRON, BARBARA

Address PO BOX 432 Address PO BOX 432

City-State-Zip: GOLDENROD FL 32733 City-State-Zip: GOLDENROD FL 32733

TitleDIRECTOR SEAT 3TitleDIRECTOR SEAT 2NameGREEN, YEHUDANameFLANARY, JACKAddressPO BOX 432AddressPO BOX 432

City-State-Zip: GOLDENROD FL 32733 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: LACEE GERARD VICE PRESIDNET 02/27/2019