

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04960

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

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC2466967077**

**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**

**01/24/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCOTT-MARSH, PATERA  
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            GREEN, YEHUDA  
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: LACEE GERARD**

**TREASURER**

**01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date