

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04960

Entity Name: CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.

FILED
Mar 07, 2024
Secretary of State
1829510402CC

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

03/07/2024

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 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

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date