

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04960

**Entity Name:** CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.**Current Principal Place of Business:**100 BUSH BLVD  
SANFORD, FL 32773**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 TREASURER  
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 STONE

03/15/2016

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 MCDANIEL, BRAD  
Address PO BOX 432  
City-State-Zip: GOLDENROD FL 32733

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

Title TREASURER  
Name STONE, WILLIAM  
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 KIRKPATRICK, KEVLON  
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

TREASURER

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date