

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707340 (6)
1. Corporation Name
THE FLORIDA COUNCIL ON CRIME AND DELINQUENCY, INC.



Principal Place of Business Mailing Address
% OTHA R. SMITH, JR.
2067 S.E. 37TH COURT CIRCLE
OCALA FL 34471
US

3. Date Incorporated or Qualified 05/25/1964
3a. Date of Last Report 02/06/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number 59-1665573 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SMITH, OTHA R., JR.
2067 S.E. 37TH COURT CIRCLE
OCALA FL 34471

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVORE, CAROLYN A.	1.2 NAME	Mark, Thomas R.
STREET ADDRESS	ROUTE 4, BOX 626-7	1.3 STREET ADDRESS	6299 Sunrise Blvd.--#200
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Sunrise, Florida 33313
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEIGHTS, JAMES E.	2.2 NAME	Banasco, Raul S.
STREET ADDRESS	3195 BUTTERCUP LANE	2.3 STREET ADDRESS	2626 Huntington Court
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	Kissimmee, Florida 34743
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ERIN M.	3.2 NAME	Dutton, Pamela
STREET ADDRESS	ROUTE 2, BOX 13-A	3.3 STREET ADDRESS	1013 Beck Avenue
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	Panama City, Florida 32401
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURINGTON, JAMES E	4.2 NAME	Cohen, Bernard R.
STREET ADDRESS	5700 S.W. 34TH ST. #335	4.3 STREET ADDRESS	2601 Blair Stone Road
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Tallahassee, Florida 32399-2500
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEDLICKA, KAREL E. J	5.2 NAME	Yedlicka, Karel E., Jr.
STREET ADDRESS	2160 SPANISH BLUFF ROAD	5.3 STREET ADDRESS	2160 Spanish Bluff Road
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, Florida 32225
TITLE	PE <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECUSKER, DAVID C	6.2 NAME	Mecusker, David C.
STREET ADDRESS	RT 2, BOX 125	6.3 STREET ADDRESS	Route 4, Box 2631
CITY-ST-ZIP	LAKE BUTLER FL	6.4 CITY-ST-ZIP	Lake Butler, Florida 32054

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 8 February 1996 (904)496-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)