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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707340 (6)
1. Corporation Name
THE FLORIDA COUNCIL ON CRIME AND DELINQUENCY, INC.



Principal Place of Business % OTHA R. SMITH, JR. 2067 S.E. 37TH COURT CIRCLE OCALA FL 34471 US	Mailing Address % OTHA R. SMITH, JR. 2067 S.E. 37TH COURT CIRCLE OCALA FL 34471-5697 US
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3. Date Incorporated or Qualified 05/25/1964	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21 2114 Ox Bottom Rd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 PO Box 15098 Suite, Apt. #, etc. 27
23 Tallahassee FL City & State 24 32312 25 LEON Zip Country	28 Tallahassee FL City & State 29 32317 30 LEON Zip Country

4. FEI Number 59-1665573	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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
B1 Name **David D. Bachman**
B2 Street Address (P.O. Box Number is Not Acceptable)
2114 Ox Bottom Rd.
B3
B4 City **Tallahassee** FL B5 Zip Code **32312**

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 **David D. Bachman, Executive Director David D. Bachman 1-14-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK, THOMAS R 6299 SUNRISE BLVD, #200 SUNRISE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANASCO, RAUL S 2626 HUNTINGTON COURT KISSIMEE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTTON, PAMELA 1013 BECK AVENUE PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, BERNARD R 2601 BLAIRSTONE ROAD TALLAHASSEE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE YEDLICKA, KAREL E JR 2160 SPANISH BLUFF ROAD JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MECUSKER, DAVID C ROUTE 4 BOX 2631 LAKE BUTLER FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D - T PATTY McBRIDE RT 4, Box 40055 MONTICELLO, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D - S ART GORMLEY 75 KING ST. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **David D. Bachman** 1/30/97 604 348-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065652

CR2E037 (9/96)