


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2114 OX BOTTOM RD TALLAHASSEE FL 32312 US</b>	Mailing Address <b>PO BOX 15098 TALLAHASSEE FL 32317 US</b>
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3. Date Incorporated or Qualified <b>05/25/1964</b>		
4. FEI Number <b>59-1665573</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**BACHMAN, DAVID D  
2114 OX BOTTOM RD  
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D - V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, PATTY</b>	1.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 40055</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D - T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORMLEY, ART</b>	2.2 NAME	
STREET ADDRESS	<b>75 KING ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D - P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, BERNARD R</b>	3.2 NAME	
STREET ADDRESS	<b>2801 BLAIRSTONE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEDLICKA, KAREL E JR</b>	4.2 NAME	
STREET ADDRESS	<b>2160 SPANISH BLUFF ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MECUSKER, DAVID C</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 4 BOX 2831</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE BUTLER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D - S</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>ROV TADLOCK</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>500 ORANGE AV. CIRCLE BELLE GLADE, FL 33430</b>

14. I 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:** \_\_\_\_\_ **2/5/98**

CR2E037 (10/97)