
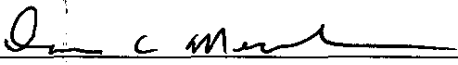
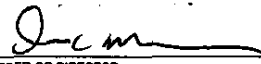


**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90004 045 \*\*\*\*70.00

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 707340</b>			
1. Entity Name THE FLORIDA COUNCIL ON CRIME AND DELINQUENCY, INC.			
Principal Place of Business RT 5 BOX 5737 LAKE BUTLER, FL 32054 US		Mailing Address RT 5 BOX 5737 LAKE BUTLER, FL 32054 US	
2. Principal Place of Business 7635 SW 115 <sup>th</sup> Lane Suite, Apt. #, etc.		3. Mailing Address 7635 SW 115 <sup>th</sup> Lane Suite, Apt. #, etc.	
City & State LAKE BUTLER, FL		City & State LAKE BUTLER, FL	
Zip 32054	Country UNION	Zip 32054	Country UNION
6. Name and Address of Current Registered Agent MECUSKER, DAVID C RT 5 BOX 5737 LAKE BUTLER, FL 32054		7. Name and Address of New Registered Agent Name: MECUSKER, DAVID C. Street Address (P.O. Box Number is Not Acceptable): 7635 SW 115 <sup>th</sup> LANE City: LAKE BUTLER FL Zip Code: 32054	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  DAVID C. MECUSKER		DATE: 7/28/04	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DT NAME: PAGE, TERRY R STREET ADDRESS: 4538 SW 107TH AVE CITY-ST-ZIP: JASPER, FL 320523795	<input checked="" type="checkbox"/> Delete	TITLE: DT NAME: RATHMAN, MIKE STREET ADDRESS: 22517 NW 77 Ave CITY-ST-ZIP: RAIFORD, FL 32083	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: RATHMAN, MIKE STREET ADDRESS: 2601 BLAIR STONE RD CITY-ST-ZIP: TALLAHASSEE, FL 323992500	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: MIKE WILLIS STREET ADDRESS: P.O. Box 39 CITY-ST-ZIP: LAKE BUTLER, FL 32054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: PAGE, GAIL STREET ADDRESS: 12531 TIMBER RUN CITY-ST-ZIP: DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: RAUL BANASCO STREET ADDRESS: 2626 HUNTINGTON CT CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DV NAME: BANASCO, RAUL STREET ADDRESS: 7000 H.C. KELLEY RD CITY-ST-ZIP: COTTONDALE, FL 32431	<input checked="" type="checkbox"/> Delete	TITLE: DV NAME: PAGE, TERRY R STREET ADDRESS: 4538 SW 107 <sup>th</sup> PLAZA CITY-ST-ZIP: JASPER, FL 32052	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: DAVID C. MECUSKER 		DATE: 7/28/04 (850) 410-4169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54067806



07232004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1665573 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required