

DOCUMENT # 707340

1. Entity Name  
THE FLORIDA COUNCIL ON CRIME AND DELINQUENCY,  
INC.



**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90031 019 \*\*\*\*70.00

Principal Place of Business  
7635 SW 115TH LANE  
LAKE BUTLER, FL 32054 US

Mailing Address  
7635 SW 115TH LANE  
LAKE BUTLER, FL 32054 US

2. Principal Place of Business - No P.O. Box #  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

07162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1665573  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MECUSKER, DAVID C  
7635 SW 115TH LANE  
LAKE BUTLER, FL 32054

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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: Mecusker, David C. DATE: 7/16/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  Delete  
NAME RATHMAN, MIKE  
STREET ADDRESS 22517 NW 77TH AVENUE  
CITY-ST-ZIP RAIFORD, FL 32083

TITLE DP  Change  Addition  
NAME WILLIS, MIKE  
STREET ADDRESS PO BOX 39  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE DV  Delete  
NAME WILLIS, MIKE  
STREET ADDRESS P.O. BOX 39  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE DV  Change  Addition  
NAME HOISINGTON, PAULA J.  
STREET ADDRESS 428 BLOXAM AVE  
CITY-ST-ZIP CLEMONT, FL 34711

TITLE DS  Delete  
NAME DAVID, MONICA A  
STREET ADDRESS 2601 BLAIRSTONE ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32399

TITLE DS  Change  Addition  
NAME Kim SUTHERLAND  
STREET ADDRESS 7592 SW 157<sup>th</sup> LANE  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE DT  Delete  
NAME HOISINGTON, PAULA J  
STREET ADDRESS 2001 OLD ST. AUGUSTINE RD. #J303  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE DT  Change  Addition  
NAME Riley, Cornita  
STREET ADDRESS P.O. Box 4970  
CITY-ST-ZIP ORLANDO, FL 32802

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DATE: 7/16/07 (904) 762-2111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #