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 # 717314 (9)

1. Corporation Name

FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
95 LAKE TRIPLET DR CASSELBERRY FL 32707 US	PO BOX 4176 WINTER PARK FL 32793 US

3. Date Incorporated or Qualified: 10/08/1969
3a. Date of Last Report: 07/31/1995

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

4. FEI Number: 59-2945841 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KUMIEGA, TINA M.
2400 W 33RD ST
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: Slusser, Julia
82 Street Address (P.O. Box Number Is Not Acceptable): 214 S.E. 14th St.
83: Po Box 1871
84 City: Ocala FL 85 Zip Code: 34471

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: Julia Slusser — Julia Slusser, Pres — 04-25-96
(Signature of 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	PD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KUMIEGA, TINA M.		1.2 NAME	Slusser, Julia	
STREET ADDRESS	4075 L.B. MCLEOD RD #H		1.3 STREET ADDRESS	214 S.E. 14th St.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	OCALA, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SLUSSER, JULIA		2.2 NAME	Bock, Alan	
STREET ADDRESS	214 S.E. 14TH ST.		2.3 STREET ADDRESS	2601 W. Broward Blvd.	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	TS	☐ DELETE	3.1 TITLE	RSD	☒ Change ☐ Addition
NAME	SIMPSON, PATRICK D		3.2 NAME	McConnell, Edward	
STREET ADDRESS	95 LAKE TRIPLET DR		3.3 STREET ADDRESS	10070	
CITY-ST-ZIP	DASSELBERRY FL		3.4 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	COX, RALPH		4.2 NAME	Calhoun, Gary	
STREET ADDRESS	355 GOODLETTE RD N		4.3 STREET ADDRESS	1776 Independance Lane	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	VD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BEEBE, JAMES		5.2 NAME	Rodriguez, Luis	
STREET ADDRESS	1 SOUTH PARK AVE		5.3 STREET ADDRESS	600 Banyan Blvd	
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	RSD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LEE, JOSEPH		6.2 NAME	Pratt, James	
STREET ADDRESS	FT PIERCE POLICE DEPT, 920 US 1		6.3 STREET ADDRESS	219 N. Massechuettes Ave	
CITY-ST-ZIP	FT PIERCE FL		6.4 CITY-ST-ZIP	Lakeland, FL 33801	

CR2E037 (12/95)

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: Julia Slusser - Julia Slusser, Pres. — 04-25-96 — 352-629-8561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #