

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 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 # **717314** (9)

1. Corporation Name

FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED



Principal Place of Business 95 LAKE TRIPLET DR CASSELBERRY FL 32707 US	Mailing Address PO BOX 4176 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/08/1969		3a. Date of Last Report 07/30/1996	
Sulte, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2945841		Applied For ☐ Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLUSSER, JULIA 214 SE 14TH STREET P.O. BOX 1871 OCALA FL 34471				81 Name Patrick D. Simpson			
				82 Street Address (P.O. Box Number is Not Acceptable) 1365 Flowers Pointe Lane			
				83			
				84 City Orlando FL 85 Zip Code 32825			

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 *Patrick D. Simpson* **Patrick D. Simpson, Sec-Treasurer** **8/19/97**
Signature, 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	PD	☒ Change ☐ Addition	
NAME	SLUSSER, JULIA			1.2 NAME	ALAN Bock		
STREET ADDRESS	214 SE 14TH STREET			1.3 STREET ADDRESS	2001 W. Broward Blvd		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	A. Lauderdale, FL 33312		
TITLE	VD	☒ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	SLUSSER, JULIA			2.2 NAME			
STREET ADDRESS	214 S.E. 14TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	TS	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	SIMPSON, PATRICK D			3.2 NAME			
STREET ADDRESS	95 LAKE TRIPLET DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	DASSELBERRY FL			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	CALHOUN, GARY			4.2 NAME			
STREET ADDRESS	1776 INDEPENDENCE LABE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			4.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	BEEBE, JAMES			5.2 NAME			
STREET ADDRESS	1 SOUTH PARK AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL			5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME	PRATT, JAMES			6.2 NAME			
STREET ADDRESS	219 N. MASSACHUETTES AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			6.4 CITY-ST-ZIP			

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 *Patrick D. Simpson* **Patrick D. Simpson, Sec-Treasurer** **8/19/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (4/97)