SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

091400

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 AM 7:49

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717314

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

2. Principal Place of Business 21 P.O. Box 4176	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/08/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2945841 ☐ Applied For ☐ Not Applicable
City & State 23 WINTER PARK, FL	City & State 28	5. Certifcate of Status Desired ☒ Y ☐ N $8.75 Additional Fee Required
Zip / Country 24 32793 25 US	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMPSON, PATRICK D
1365 FLOWERS POINTE LANE
P.O. BOX 1871
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: SIMPSON, PATRICK D.
82 Street Address (P.O. Box Number is Not Acceptable): 9430 LAKE DOUGLAS PLACE
83
84 City: ORLANDO FL 85 Zip Code: 32817

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: 9/10/2000
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BOCK, ALAN~~		1.2 NAME	PASSANESI, Joseph	
STREET ADDRESS	~~2601 W BROWARD BLVD~~		1.3 STREET ADDRESS	800 S.E. Monterey Rd.	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		1.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	TS	☐ DELETE	2.1 TITLE	TS	☒ Change ☐ Addition
NAME	SIMPSON, PATRICK D		2.2 NAME	Simpson, PATRICK D.	
STREET ADDRESS	~~95 LAKE TRIPLET DR~~		2.3 STREET ADDRESS	9430 LAKE DOUGLAS PLACE	
CITY-ST-ZIP	~~CASSELBERRY FL~~		2.4 CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~CALHOUN, GARY~~		3.2 NAME	McDANIEL, STEVEN	
STREET ADDRESS	~~1776 INDEPENDENCE LABE~~		3.3 STREET ADDRESS	401 PARK AVENUE SOUTH	
CITY-ST-ZIP	~~MAITLAND FL~~		3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BEEBE, JAMES		4.2 NAME	CHANTLOS, EARL	
STREET ADDRESS	1 SOUTH PARK AVE		4.3 STREET ADDRESS	P.O. BOX 3371	
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	~~D~~	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~PRATT, JAMES~~		5.2 NAME	900003414519--4	
STREET ADDRESS	~~219 N. MASSACHUETTES AVENUE~~		5.3 STREET ADDRESS	-10/05/00--01035--015	
CITY-ST-ZIP	~~LAKELAND FL~~		5.4 CITY-ST-ZIP	****297.50 ****297.50	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9/10/2000 407-312-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #