


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

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90036 043 \*\*\*\*87.50

**DOCUMENT # 717314**

1. Entity Name  
**FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED**



Principal Place of Business  
 PO BOX 4176  
 WINTER PARK, FL 32793 US

Mailing Address  
 PO BOX 4176  
 WINTER PARK, FL 32793 US



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03112004 Chg-NP CR2E037 (10/03)

4. FEI Number  
~~50-2946844~~ **83-0382931** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LONG, ERNST A JR.**  
**19200 WEST COUNTRY CLUB DRIVE**  
**MIAMI, FL 33180**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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 May 1, 2004**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	LONG, ERNST A JR.	
STREET ADDRESS	19200 WEST COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MIAMI, FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANSBERGER, JIM	
STREET ADDRESS	3301 EAST TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, PATRICK D	
STREET ADDRESS	711 DELANEY AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRIPLING, STANLEY K	
STREET ADDRESS	504 NW 4TH STR	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAY, RICHARD	
STREET ADDRESS	100 BUSH BLVD	
CITY-ST-ZIP	SANFORD, FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODDARD, JOHN	
STREET ADDRESS	219 N MASS AVE	
CITY-ST-ZIP	LAKELAND, FL 33801	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Passanesi	
STREET ADDRESS	800 SE Monterey Rd	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Schupp	
STREET ADDRESS	17300 Arvida Pkwy	
CITY-ST-ZIP	Weston, FL 33326	

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:** Laura Passanesi **7/20/04** **772 220-7011**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #