2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 717314

1. Entity Name
FLORIDA CRIME PREVENTION ASSOCIATION INCORPORAT ED

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

02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 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

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONG, ERNST A JR.
STREET ADDRESS	19200 WEST COUNTRY CLUB DRIVE
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	V
NAME	MANSBERGER, JIM
STREET ADDRESS	3301 EAST TAMIAMI TRAIL
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	T
NAME	PASSANESI, LAURA
STREET ADDRESS	800 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	STRIPLING, STANLEY K
STREET ADDRESS	504 NW 4TH STR
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	D
NAME	KAY, RICHARD
STREET ADDRESS	100 BUSH BLVD
CITY-ST-ZIP	SANFORD, FL 32459
TITLE	D
NAME	SCHUPP, DAVID
STREET ADDRESS	17300 ARVIDA PKWY
CITY-ST-ZIP	WESTIN, FL 33326

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02/25/05-80058-002 70.00

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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 G Passanesi Laura G Passanesi 2/15/05 772 220-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #