2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# 717314

Entity Name: FLORIDA CRIME PREVENTION ASSOCIATION INCORPORAT ED

Current Principal Place of Business:

PO BOX 4176
WINTER PARK, FL 32793 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4176
WINTER PARK, FL 32793 US

New Mailing Address:

FEI Number: 83-0382931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LONG, ERNST A JR.	
Address:	19200 WEST COUNTRY CLUB DRIVE	
City-St-Zip:	MIAMI, FL 33180	
Title:	V	( ) Delete
Name:	MANSBERGER, JIM	
Address:	3301 EAST TAMIAMI TRAIL	
City-St-Zip:	NAPLES, FL 34112	
Title:	T	( ) Delete
Name:	PASSANESI, LAURA	
Address:	800 SE MONTEREY RD	
City-St-Zip:	STUART, FL 34994	
Title:	S	( ) Delete
Name:	STRIPLING, STANLEY K	
Address:	504 NW 4TH STR	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	D	( ) Delete
Name:	KAY, RICHARD	
Address:	100 BUSH BLVD	
City-St-Zip:	SANFORD, FL 32459	
Title:	D	( ) Delete
Name:	SCHUPP, DAVID	
Address:	17300 ARVIDA PKWY	
City-St-Zip:	WESTIN, FL 33326	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	STRIPLING, STANLEY K	
Address:	504 NW 4TH STR	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SCHUPP, DAVID K	
Address:	17300 ARVIDA PKWY	
City-St-Zip:	WESTIN, FL 33326	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RANDOLPH, TIMOTHY	
Address:	444 W. APPLEYARD DR	
City-St-Zip:	TALLAHASSEE, FL 32304	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA PASSANESI T 02/01/2006

Electronic Signature of Signing Officer or Director — Date