

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717314

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

504 NW 4TH ST  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

1300 FIRST AVE NORTH  
ST. PETERSBURG, FL 33705 US

**Current Mailing Address:**

800 SW MONTEREY RD  
STUART, FL 34994 US

**New Mailing Address:**

P.O. BOX 4176  
WINTER PARK, FL 32793 US

**FEI Number:** 83-0382931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STRIPLING, STANLEY K  
504 NW 4TH ST  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

WELLS, WILLIAM  
1300 FIRST AVE NORTH  
ST. PETERSBURG, FL 33705 US

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: WILLIAM WELLS

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WELLS, WILLIAM  
Address: 1300 FIRST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: V  
Name: GONSALVES, WILLIAM  
Address: 355 RIVERSIDE CIRCLE  
City-St-Zip: NAPLES, FL 34102

Title: T  
Name: PASSANESI, LAURA  
Address: 800 SE MONTEREY RD  
City-St-Zip: STUART, FL 34994

Title: S  
Name: PAYNE, STACEY  
Address: 14750 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: BERMUDEZ, JOSEPH  
Address: 9105 NW 25 STREET  
City-St-Zip: MIAMI, FL 33172

Title: D  
Name: BURNS, NANCY  
Address: 2825 MUNICIPAL WAY  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

SIGNATURE: LAURA G. PASSANESI

TRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date