
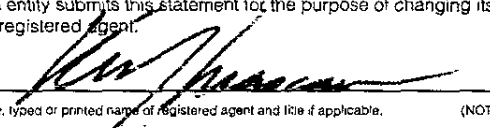
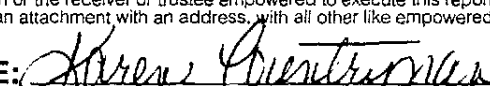


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 734538 1. Entity Name SAINT LUCIE COUNTY CRIME PREVENTION LEAGUE, INC.					
Principal Place of Business 4700 WEST MIDWAY ROAD FORT PIERCE FL 34981 US			Mailing Address 4700 WEST MIDWAY ROAD FORT PIERCE FL 34981 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1692460 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MASCARA, KEN J 4700 WEST MIDWAY ROAD FORT PIERCE FL 34981			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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			02-11-04 <small>DATE</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASCARA, KEN J		NAME		
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34981		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIMM, DAVE		NAME		
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34981		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, DOROTHY		NAME		
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34981		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDAZZO, SHEILA		NAME		
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34981		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKEL, DENNIS		NAME		
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34981		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUNTRYMAN, KAREN		NAME		
STREET ADDRESS	4700 WEST MIDWAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34981		CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/11/04 (772) 462-3283 <small>Date Daytime Phone #</small>		