
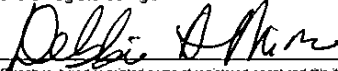
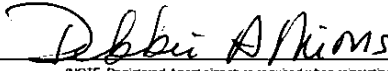



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90059 020 \*\*\*\*61.25

<b>DOCUMENT # 737715</b>					
1. Entity Name SUNCOAST CRIME PREVENTION ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 75736 TAMPA, FL 33675			Mailing Address P.O. BOX 75736 TAMPA, FL 33675		
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 <b>NOT APPLICABLE</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				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	
DUBORD, LISA L C/O TEMPLE TERRACE PD 11250 N. 56TH STREET TAMPA, FL 33617				Name <b>Debbie Mims</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>C/O TAMPA POLICE DEPARTMENT</b>	
				<b>411 N. FRANKLIN ST</b>	
				City <b>Tampa</b> FL Zip Code <b>33602</b>	
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 <b>2/13/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD, FRENCH		NAME	WILLIAM WELLS	
STREET ADDRESS	434 FERN LEAF		STREET ADDRESS	1300 1 AVE N	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	St. Petersburg FL 33705	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, NELL		NAME	TRACI HANLON	
STREET ADDRESS	434 FERN LEAF		STREET ADDRESS	1300 1 AVE N	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBORD, LISA L		NAME	Debbie Mims	
STREET ADDRESS	11250 N. 56TH ST		STREET ADDRESS	411 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	TAMPA- FL 33602	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDE VELDE, JIM		NAME	DONNA SAXER	
STREET ADDRESS	551 THIRD ST NW		STREET ADDRESS	7100-59th St NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Pineles Park, FL 33781	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: 		Date <b>2-1-05</b>		Daytime Phone # <b>727-893-4993</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50013462



01122005 Chg-NP CR2E037 (10/03)