

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90044 036 ****61.25

DOCUMENT # 739214

1. Entity Name

CENTRAL FLORIDA CRIME LINE PROGRAM, INC.



Principal Place of Business

**100 S. HUGHEY AVE.
ORLANDO FL 32801**

Mailing Address

**P.O. BOX 913
ORLANDO FL 32802
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1744130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACNAMARA, GEORGE
100 S HUGHEY AVENUE
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☒ Delete
NAME **C MCMILLAN, MICHAEL**
STREET ADDRESS **6707 PARSON BROWN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☒ Addition
NAME **Executive Director**
STREET ADDRESS **George B. Macnamara**
CITY-ST-ZIP **100 S. Hughey Ave.
Orlando, FL 32801**

TITLE ☒ Delete
NAME **VC WRIGHT, PHILLIP**
STREET ADDRESS **100 S. HUGHEY AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
NAME **Chairman**
STREET ADDRESS **Philip V. Wright**
CITY-ST-ZIP **2000 Lake Buena Blvd.
Lake Buena Vista, FL 32830**

TITLE ☒ Delete
NAME **S SEARCY, ROB**
STREET ADDRESS **324 W. GORE STREET**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Rob Searcy**
CITY-ST-ZIP **8660 Chickabaw Farms Lane
Orlando, FL 32825**

TITLE ☐ Delete
NAME **T CHASTANG, LAWRENCE**
STREET ADDRESS **1400 W. FAIRBANKS AVE, SUITE 102**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition
NAME **Vice Chairman**
STREET ADDRESS **Edward W. Doyle**
CITY-ST-ZIP **350 S. North Lake Blvd.
Altamonte Springs, FL 32701-9004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *George B. Macnamara* **George B. Macnamara** 1/19/06 407-423-8477