

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739214

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** CENTRAL FLORIDA CRIME LINE PROGRAM, INC.

**Current Principal Place of Business:**

100 S. HUGHEY AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 913  
ORLANDO, FL 32802 US

**New Mailing Address:**

**FEI Number:** 59-1744130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACNAMARA, GEORGE B  
100 S HUGHEY AVENUE  
ORLANDO, FL 32801 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: C ( ) Delete  
Name: WRIGHT, PHILIP V  
Address: 2000 HOTEL PLAZA BLVD.  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: ED ( ) Delete  
Name: MACNAMARA, GEORGE B  
Address: 100 S. HUGHEY AVE.  
City-St-Zip: ORLANDO, FL 32801 US

Title: S ( ) Delete  
Name: SEARCY, ROB  
Address: 4660 CHICKASAW FARMS LANE  
City-St-Zip: ORLANDO, FL 32825 US

Title: T ( ) Delete  
Name: ROICKI, JOHN S  
Address: 1400 W.FAIRBANKS AVE,SUITE 102  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VC ( ) Delete  
Name: DOYLE, EDWARD W  
Address: 350 S. N. LAKE BLVD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: DOYLE, EDWARD W  
Address: 600 LAKE DESTINY ROAD  
City-St-Zip: MAITLAND, FL 32751 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: NAIL, WILLIAM D  
Address: ONE AIRPORT BLVD.  
City-St-Zip: ORLANDO, FL 32827 US

Title: T (X) Change ( ) Addition  
Name: TUGGLE, SAGE  
Address: 420 S. ORANGE AVE. SUITE 500  
City-St-Zip: ORLANDO, FL 32801 US

Title: VC (X) Change ( ) Addition  
Name: MAXWELL, RAY  
Address: P.O. BOX 10170  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE B. MACNAMARA

ED

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date