



FILED
Apr 18, 2007 8:00 am
Secretary of State

04-02-2007 90055 048 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 739810		
1. Entity Name FLORIDA CRIME PREVENTION COMMISSION, INC.		
Principal Place of Business 6350 HORIZON DR TITUSVILLE, FL 32780		Mailing Address 6350 HORIZON DR TITUSVILLE, FL 32780
DO NOT WRITE IN THIS SPACE		
		
		02122007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-1764219		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHITWOOD, DEBRA K 6350 HORIZON DR TITUSVILLE, FL 32780		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPHERD, DONNA 6350 HORIZON DR TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHITWOOD, DEBBIE 6350 HORIZON DR TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 Chapter 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: <u>Debra K. Chitwood</u>		4-12-07 321-264-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #