## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 8:00 am Secretary of State

## **DOCUMENT #739810** 04-25-2008 90108 048 \*\*\*\*61.25 1. Entity Name FLORIDA CRIME PREVENTION COMMISSION, INC. Principal Place of Business Mailing Address 40080927 6350 HORIZON DR 6350 HORIZON DR TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 59-1764219 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHITWOOD, DEBRA K 6350 HORIZON DR 315 Street Address (P.O. Box Number is Not Acceptable) 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE □ Delete TITLE ☐ Change SHEPHERD, DONNA NAME NAME STREET ADDRESS 6350 HORIZON DR STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME CHITWOOD, DEBBIE NAME STREET ADDRESS 6350 HORIZON DR STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP CITY-ST-ZIP EXECUTIVE DIRECTOR Detete TITLE TITLE ☐ Change Addition NAME BARRY E. SHEPHERD NAME STREET ADDRESS STREET ADDRESS 6350 HORIZON DRIVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE, FL 32780 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra K. Chiturral	Debrak. Chitwood	4.22.08	321-264-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #