
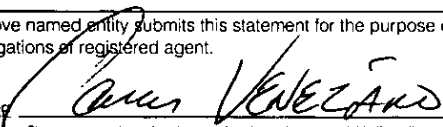
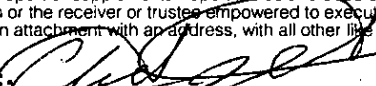


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 045 ****61.25

DOCUMENT # 756965 1. Entity Name PALM BEACH COUNTY CRIME PREVENTION OFFICERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 17031 WEST PALM BEACH, FL 33416-7031 US			Mailing Address P O BOX 17031 WEST PALM BEACH, FL 33416-7031 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip --		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VENEZIANO, CARMEN 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>3/14/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROY, LORI		NAME	VENEZIANO, CARMEN	
STREET ADDRESS	100 NW 2ND AVENUE		STREET ADDRESS	3228 GUN CLUB ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIANO, CARMEN		NAME	BARRONE, JULES	
STREET ADDRESS	3228 GUN CLUB ROAD		STREET ADDRESS	10500 NORTH MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DIANA		NAME		
STREET ADDRESS	3228 GUN CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIM, MARSHA		NAME	SMITH, CHRISTOPHER	
STREET ADDRESS	301 N OLIVE AVENUE		STREET ADDRESS	210 MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	JUPITER, FL 33458	
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 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: 			CHRISTOPHER SMITH		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>03/14/2007</small> <small>Date</small>		
			<small>(561) 741-2250</small> <small>Daytime Phone #</small>		

40094100



03122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2842502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required