

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756965

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** PALM BEACH COUNTY CRIME PREVENTION OFFICERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 17031  
WEST PALM BEACH, FL 334167031 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 17031  
WEST PALM BEACH, FL 334167031 US

**New Mailing Address:**

**FEI Number:** 59-2842502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VENEZIANO, CARMEN  
3228 GUN CLUB ROAD  
WEST PALM BEACH, FL 33406 US

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

SMITH, CHRISTOPHER  
210 MILITARY TRAIL  
JUPITER, FL 33458 US

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: CHRISTOPHER SMITH

03/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: VENEZIANO, CARMEN  
Address: 3228 GUN CLUB ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: DVP ( ) Delete  
Name: BARRONE, JULES  
Address: 10500 NORTH MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DS ( ) Delete  
Name: NELSON, DIANA  
Address: 3228 GUN CLUB ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: T ( ) Delete  
Name: SMITH, CHRISTOPHER  
Address: 210 MILITARY TRAIL  
City-St-Zip: JUPITER, FL 33458 US

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

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

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

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

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

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: CHRISTOPHER SMITH

OFC.

03/27/2009

Electronic Signature of Signing Officer or Director

Date