

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764489 (1)

1. Corporation Name

CRIME PREVENTION OF WEST PALM BEACH, INC.

Principal Place of Business

600 BANYAN BLVD
W PALM BCH FL 33401
US

Mailing Address

600 BANYAN BLVD
W PALM BCH FL 33401
US

3. Date Incorporated or Qualified
09/02/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 1390

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 City & State

24 Country

29 W. PALM BCH, FL

30 Zip

31 P.B.

4. FEI Number

59-2293239

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIANE L. EPSSEN
600 BANYAN BLVD.
W. PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Diane L. Epsen*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME EPSEN, DIANE

STREET ADDRESS 418 MONROE DR. P.O. Box 442 (NA)

CITY-ST-ZIP W. PALM BEACH FL 33405 33402

TITLE ☐ DELETE

NAME VALLEE, HELEN

STREET ADDRESS 331 WINTERS ST.

CITY-ST-ZIP W. PALM BCH. FL

TITLE ☐ DELETE

NAME SCHACHTER, MARCIA

STREET ADDRESS 130 ELWA PLACE

CITY-ST-ZIP W. PALM BCH. FL 33405

TITLE ☐ DELETE

NAME HALL, THOMAS

STREET ADDRESS 1451 CROSSWAY

CITY-ST-ZIP W. PALM BCH. FL 33407

TITLE ☒ DELETE

NAME KORB, CARLA

STREET ADDRESS 420 MONROE DR.

CITY-ST-ZIP W. PALM BCH. FL 33405

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DIANE, EPSSEN

1.3 STREET ADDRESS P.O. Box 442. (NA)

1.4 CITY-ST-ZIP W. PALM BEACH, FL 33402-0442

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE L. EPSSEN, PRES.

4/28/96 (407) 653-3456
Date Daytime Phone

CR2E037 (12/95)