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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
600 BANYAN BLVD WEST PALM BEACH FL 33401 US	P.O. BOX 1390 WEST PALM BEACH FL 33402-1390 US

3. Date Incorporated or Qualified: 09/02/1982
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

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

10. Name and Address of New Registered Agent

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 — Diane L. Epsen — 070197
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EPSEN, DIANE		1.2 NAME	
STREET ADDRESS	P.O. BOX 442		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-0442		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VALLEE, HELEN		2.2 NAME	
STREET ADDRESS	331 WINTERS ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	W.PALM BCH. FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHACHTER, MARCIA		3.2 NAME	
STREET ADDRESS	130 ELWA PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	W.PALM BCH. FL 33405		3.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, THOMAS		4.2 NAME	
STREET ADDRESS	1451 CROSSWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	W.PALM BCH. FL 33407		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TOLDERLUND, AMY		5.2 NAME	
STREET ADDRESS	600 BANYAN BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] REQUIRED 070197 (561)533-3433