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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

141

| i. Corporatio | on Name | 9 (1) | | |
|--|--|------------------------------------|---|---|
| CRIME | PREVENTION OF WEST | PALM BEACH, INC. | | |
| | | | | É IBANIA INDIR BINN BÉRN DENDI INDIR ANGH BINN BINN BINN BERN BERN BERN BINN BERN BINN BERN BINN BERN BERN BERN |
| Dringle of Digg | o of Business | Martin or Andreas | | |
| Principal Place of Business Mailing Address | | | | |
| 800 BANYAN B | | P.O. BOX 1390 | | 3. Date Incorporated or Qualified |
| WEST PALM BEACH FL 33401 US | | WEST PALM BEACH FL 33402 US | | 09/02/1982 |
| | | | | 4. FEI Number Applied For |
| 2. Princinal P | Place of Business | 2a. Mailing Address | | 59-2293239 Not Applicable |
| 21 | | 26 | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Registered Agent |
| • | | | 81 Name | JESUS SUAREZ |
| | . Ep sen | | Address (P.O. Box Number is Not Acceptable) | |
| 600 BANYAN BLVD. | | | | O BANYAN BLVD |
| W. PALI | W BEACH FL 33401 | | 83 | • |
| | | O | 84 City | Flam Bch FL 85 Zip Code |
| 11. Pursuany to integrations of Sections 617 6502 and 617 5009 4 https://doi.org/10.1009/10.10 | | | | |
| 11. Pursuant to the provisions of Sections 617 9502 and 617 1508 1010 Statutes, the above-pament club mation submits this statement for the purpose of changing its registere office of registered agent, or both, in the State of Florida Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 677,0508, Florida Statutes. | | | | |
| | In igniliar with, and acceptine our | gallons di, joge joji dyr. dogo, F | Olice Statutes. | T) W10/8% |
| SIGNATURE . | Signature, typed or printed name of registered a | yent and title if applicable. (NO | TE: Registred Agent signature | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | DESUS SUAREZ |
| NAME | EPSEN, DIANE | | 1.2 NAME | GOO BANYAN BLUD |
| STREET ADDRESS | P.O. BOX 442 West Palm Beach Fl 334 | 100 0440 | 1.3 STREET ADORESS | WEST Aslow Beach, Fl. 33401 |
| CITY-ST-ZIP TITLE | V V V | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | VD LEChange Addition |
| NAME | VALLEE, HELEN | G octon | 2.2 NAME | ALAN LEVINE |
| STREET ADDRESS | 331 WINTERS ST. | | 2.3 STREET ADDRESS | 114 MUTTAY ROAD |
| CITY-ST-ZIP | W.PALM BCH. FL | | 2.4 CITY-ST-ZIP | WEST PAIN BCh. Fl. 33405 |
| TITLE | 10 | DELETE | 3.1 TITLE | Change Addition |
| NAME | SCHACHTER, MARCIA | | 3.2 NAME | William Delggers 415 Monroe Delve |
| STREET ADDRESS | 130 ELWA PLACE | | 3.3 STREET ADDRESS | West Alm Bch, Fl. 37405 |
| CITY-ST-ZIP | W.PALM BCH. FL 33405 | | 3.4. CITY - ST - 2IP | <u> </u> |
| TITLE | CD | DELETE | 4.1 TITLE | S Change Addition |
| NAME | HALL, THOMAS | | 4. 2 NAME | TERRY FAISH |
| STREET ADDRESS | 1451 CROSSWAY W.PALM BCH. FL 33407 | | 4.3 STREET ADDRESS | TERRY KNIGHT 3315 Liddy Ave. WEST Alm But, fl 33407 |
| CITY-ST-ZIP TITLE | 8D | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | WESTAIN BC4, F1 33407 |
| NAME | TOLDERLUND, AMY | ET OTTOTA | 5.2 NAME | La Oriente |
| STREET ADDRESS | 600 BANYAN BLVD. | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 334 | k01 | 5.4 CITY-ST-ZIP | |
| TITLE | CALOTT FILM DEFICIT E 001 | DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | |

14. I 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 Peaces Lucia