2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 764489

Entity Name: CRIME PREVENTION OF WEST PALM BEACH, INC.

Current Principal Place of Business:

600 BANYAN BLVD
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 851
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-2293239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALIS, KATHY
331 WINTERS STREET
WEST PALM BEACH, FL 33405

Name and Address of New Registered Agent:

KALIS-PARNES, KATHY
7634 QUIDA DRIVE
WEST PALM BEACH, FL 33411

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: KATHY KALIS-PARNES 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDDINS, JAMES
Address: 2271 BLUE SPRINGS ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VPD ( ) Delete
Name: EGAN, JOE
Address: 727 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD ( ) Delete
Name: KALIS, KATHY
Address: 331 WINTERS STREET
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: VALLEE, HELEN
Address: 331 WINTERS STREET
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: FLANAGAN, MARTIN
Address: 115 RUSSLYN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: HENIN, JERRY
Address: 2555 LIVINGSTON DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: KALIS-PARNES, KATHY
Address: 7634 QUIDA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

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 for the exemption stated in Section 119.07(3)(i), 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: KATHY KALIS-PARNES STD 04/30/2004
Electronic Signature of Signing Officer or Director Date