

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007817

FILED
Mar 20, 2004
Secretary of State**Entity Name:** TEEN CRIME PREVENTION ACADEMY OF CENTRAL FL, INC**Current Principal Place of Business:**5500 WESTBURY DR
ORLANDO, FL 32808**New Principal Place of Business:**4427 BARLEY STREET
ORLANDO, FL 32811**Current Mailing Address:**PO BOX 585917
ORLANDO, FL 32858**New Mailing Address:****FEI Number:** 59-3753027**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBINSON, MAURICE
1801 E COLONIAL DR #108
ORLANDO, FL 32803 US**Name and Address of New Registered Agent:**ROBINSON, MAURICE
100 SOUTH BUMBY AVE.
ORLANDO, FL 32803 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: _____

03/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SEARS, TIA
Address: 5500 WESTBURY DR
City-St-Zip: ORLANDO, FL 32808**Title:** D () Delete
Name: MAYLOR, MOSES
Address: PO BOX 585917
City-St-Zip: ORLANDO, FL 32858**Title:** D () Delete
Name: ROBINSON, MAURICE
Address: 1801 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32858**Title:** D () Delete
Name: FAWBUSH, SHAWN
Address: POST OFFICE BOX 585917
City-St-Zip: ORLANDO, FL 328585917**Title:** SD () Delete
Name: HOUSTON, LINDA
Address: POST OFFICE BOX 585917
City-St-Zip: ORLANDO, FL 328585917**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SEARS, TIA
Address: 4520 OAKTON DRIVE
City-St-Zip: ORLANDO, FL 32818**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: PRUITT, NOAH
Address: POST OFFICE BOX 585917
City-St-Zip: ORLANDO, FL 328585917**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD () Change (X) Addition
Name: PARRAMORE, SHERRY
Address: POST OFFICE BOX 585917
City-St-Zip: ORLANDO, FL 32858-917

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: TIA SEARS

PRES

03/20/2004

Electronic Signature of Signing Officer or Director

Date