2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# N01000007817

Entity Name: TEEN CRIME PREVENTION ACADEMY OF CENTRAL FL, INC

Current Principal Place of Business:

4427 BARLEY STREET
ORLANDO, FL 32811

New Principal Place of Business:

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
100 SOUTH BUMBY AVE.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SEARS, TIA	
Address:	4520 OAKTON DRIVE	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	MAYLOR, MOSES	
Address:	PO BOX 585917	
City-St-Zip:	ORLANDO, FL 32858	
Title:	D	( ) Delete
Name:	ROBINSON, MAURICE	
Address:	100 SOUTH BUMBY AVENUE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	PRUITT, NOAH	
Address:	POST OFFICE BOX 585917	
City-St-Zip:	ORLANDO, FL 328585	
Title:	SD	( ) Delete
Name:	HOUSTON, LINDA	
Address:	POST OFFICE BOX 585917	
City-St-Zip:	ORLANDO, FL 328585917	
Title:	TD	( ) Delete
Name:	PARRAMORE, SHERRY	
Address:	POST OFFICE BOX 585917	
City-St-Zip:	ORLANDO, FL 32858	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	PRUITT, TIA	
Address:	3313 S KIRKMAN RD APT 218	
City-St-Zip:	ORLANDO, FL 32811	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	JOE, FRAZIER	
Address:	POST OFFICE BOX 585917	
City-St-Zip:	ORLANDO, FL 328585917	
Title:	D	(X) Change ( ) Addition
Name:	PARRAMORE, SHERRY	
Address:	POST OFFICE BOX 585917	
City-St-Zip:	ORLANDO, FL 32858	

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 PRUITT PD 03/14/2005

Electronic Signature of Signing Officer or Director — Date