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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01354 (2)**

1. Corporation Name
FLORIDA CRIME PREVENTION TRAINING INSTITUTE ALUM NI ASSOCIATION INC.

Principal Place of Business Mailing Address

ATTN: ARTHUR S WALLS 2050 RINGLING BLVD SARASOTA FL 34237
ATTN NEIL SCULLY 2071 RINGLING BLVD SARASOTA, FL 34237
ATTN: ARTHUR S WALLS 2050 RINGLING BLVD SARASOTA FL 34237
NEIL SCULLY P.O. Box 12044 SARASOTA, FL 34237

2. Principal Place of Business 2a. Mailing Address

21 **SAA** 26 **SAD**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2382648** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

B. Name and Address of Current Registered Agent

WALLS, ARTHUR S
C/O SARASOTA POLICE DEPT
2050 RINGLING BLVD
SARASOTA FL 34237

SCULLY, NEIL W.
C/O SARASOTA CO. SHERIFFS OFF.
2071 RINGLING BLVD.
SARASOTA, FL 34237

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.3508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/27/95**

12. OFFICERS AND DIRECTORS

TITLE	VP	11 TITLE	1ST VICE PRES.
NAME	CLARK, TOM	12 NAME	MORSE, PATRICIA
STREET ADDRESS	600 SOUTH OCEAN BLVD	13 STREET ADDRESS	401 17TH AVE, WEST
CITY - ST - ZIP	MANALAPAN FL	14 CITY - ST - ZIP	BRADENTON, FL 34208
TITLE	VP	21 TITLE	2ND VICE PRES.
NAME	RUBIO, ANTHONY	22 NAME	← SAME
STREET ADDRESS	336 NORTH RING AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	TARPON SPRINGS FL	24 CITY - ST - ZIP	
TITLE	ST	31 TITLE	SECRETARY
NAME	BOCK, ALAN	32 NAME	ELIS, SEANIE
STREET ADDRESS	1313 N STATE ROAD SEVEN	33 STREET ADDRESS	1605 MAIN ST, SUITE 911
CITY - ST - ZIP	LAUDERHILL FL	34 CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	P	41 TITLE	PRES.
NAME	WALLS, ARTHUR S	42 NAME	SCULLY, NEIL W.
STREET ADDRESS	2050 RINGLING BLVD	43 STREET ADDRESS	2071 RINGLING BLVD.
CITY - ST - ZIP	SARASOTA FL	44 CITY - ST - ZIP	SARASOTA, FL 34237
TITLE		51 TITLE	TREASURER
NAME		52 NAME	LEDWORTH, PATRICK
STREET ADDRESS		53 STREET ADDRESS	2050 RINGLING BLVD
CITY - ST - ZIP		54 CITY - ST - ZIP	SARASOTA, FL 34237
TITLE		61 TITLE	
NAME		62 NAME	\$96/19
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 or liquidator of the corporation and that my signature is required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: *[Signature]* DATE: **03/07/95** **813 9515051**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEIL W. SCULLY