

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01354 (2)

1. Corporation Name

FLORIDA CRIME PREVENTION TRAINING INSTITUTE ALUMNI ASSOCIATION INC.



Principal Place of Business Mailing Address
ATTN: NEIL SCULLY 2071 RINGLING BLVD SARASOTA FL 34237
ATTN: NEIL SCULLY 2071 RINGLING BLVD SARASOTA FL 34237

3. Date incorporated or Qualified **02/09/1984** 3a. Date of Last Report **05/01/1995**

21. Principal Place of Business **2050 Ringling Blvd.** 22. Suite, Apt. #, etc.
23. City & State **SARASOTA, FL** 24. Zip **34237** 25. Country **USA**
26. Mailing Address **2050 Ringling Blvd.** 27. Suite, Apt. #, etc. **P.O. Box 2873**
28. City & State **SARASOTA, FL** 29. Zip **34230** 30. Country **USA**

4. FEI Number **59-2382648** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SCULLY, NEIL W
C/O SARASOTA POLICE DEPT
2071 RINGLING BLVD
SARASOTA FL 34237**

10. Name and Address of New Registered Agent
81. Name **ARTHUR S. WALLS**
82. Street Address (P.O. Box Number is Not Acceptable) **C/O SARASOTA POLICE DEPARTMENT
2050 RINGLING BOULEVARD**
83. City **SARASOTA** 84. State **FL** 85. Zip Code **34237**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Arthur S. Walls*
Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, PATRICIA	
STREET ADDRESS	401 17TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RUBIO, ANTHONY	
STREET ADDRESS	338 NORTH RING AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, JEANNIE	
STREET ADDRESS	1605 MAIN ST, SUITE 911	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCULLY, NEIL W	
STREET ADDRESS	2071 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEDWORTH, PATRICK	
STREET ADDRESS	2050 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D VICE - PRESIDENT, George Gasparini
1.3 STREET ADDRESS	3228 GUN CLUB ROAD
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D VICE - PRESIDENT ANN T. BUSCHMANN
2.3 STREET ADDRESS	100 NW 2ND AVENUE
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T SECRETARY LAURA WHATLEY
3.3 STREET ADDRESS	455 NORTH BROADWAY
3.4 CITY-ST-ZIP	BARTOW FL 33830
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T TREASURER EARL S. CHANTLOS
4.3 STREET ADDRESS	P.O. BOX 3371 - 2008 8TH AVENUE
4.4 CITY-ST-ZIP	TAMPA, FL 33605
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D PRESIDENT ARTHUR S. WALLS
5.3 STREET ADDRESS	2050 RINGLING BOULEVARD
5.4 CITY-ST-ZIP	SARASOTA, FL 34237
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T PAST - PRESIDENT Neil W. Scully
6.3 STREET ADDRESS	2071 RINGLING BLVD
6.4 CITY-ST-ZIP	SARASOTA, FL 34237

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 119.07(3)(k), 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: *Arthur S. Walls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996 941-954-7056
Date Daytime Phone #

CR2E037 (12/95)

05-01-96 OK