

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000006017

1. Entity Name
CENTRAL FLORIDA CODE ENFORCEMENT
ASSOCIATION, INC.



FILED

05 FEB -4 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
401 PARK AVENUE SOUTH
WINTER PARK, FL 32789

Mailing Address
401 PARK AVENUE SOUTH
WINTER PARK, FL 32789

2. Principal Place of Business
400 Alexandria Blvd
Suite, Apt. #, etc.

3. Mailing Address
400 Alexandria Blvd
Suite, Apt. #, etc.

11302004 Chg-NP CR2E037 (10/03) 05

City & State
Oviedo, Florida
Zip 32756 Country

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Oviedo, Florida
Zip 32756 Country

4. FEI Number
75-3055713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLON, SYLVIA
401 PARK AVENUE SOUTH
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Shawn O'Rourke

Street Address (P.O. Box Number is Not Acceptable)

400 Alexandria Blvd

City
Oviedo

FL

Zip Code
32756

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Shawn E. O'Rourke SHAWN E. O'ROURKE 12-29-04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when "changing") DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WELLON, SYLVIA
STREET ADDRESS 401 PARK AVENUE SOUTH
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE T ☐ Delete
NAME HIRD, DOT
STREET ADDRESS 1101 EAST FIRST STREET
CITY-ST-ZIP SANFORD, FL 32771

TITLE VP ☐ Delete
NAME HAUSER, JOE
STREET ADDRESS 2725 JUDGE FRAN JAMIESON HWY
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VPD ☐ Delete
NAME FLEMING, BRUCE
STREET ADDRESS 235 RINEHART ROAD
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete
NAME OROURKE, SHAWN
STREET ADDRESS 400 ALEXANDRIA BLVD
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Shawn O'Rourke
STREET ADDRESS 400 Alexandria Blvd, Oviedo
CITY-ST-ZIP 32756

TITLE T ☒ Change ☐ Addition
NAME Duree Alexander
STREET ADDRESS 105 Polk Ave., Cape Canaveral
CITY-ST-ZIP 32920

TITLE VP, Jimette Cook ☒ Change ☐ Addition
NAME 95 Triplet Lake Drive
STREET ADDRESS Casselberry, Fl 32707
CITY-ST-ZIP

TITLE S/D Joe Hauser ☒ Change ☐ Addition
NAME 2725 Fran Jamison Way
STREET ADDRESS Melbourne, Fl 32940
CITY-ST-ZIP

TITLE D, Mark Herold ☒ Change ☐ Addition
NAME 2725 Fran Jamison Way
STREET ADDRESS Melbourne, Florida 3290
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300046419473
STREET ADDRESS 02/11/05--01019--002 ***61.25
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shawn E. O'Rourke SHAWN E. O'ROURKE 12-29-04 407-977-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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