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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:29

DOCUMENT # N04960 (3)

1. Corporation Name

CENTRAL FLORIDA CRIME PREVENTION OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2400 W 33RD ST ORLANDO FL 32809 US	2400 W 33RD ST ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1984
3a. Date of Last Report: 10/10/1994
4. FEI Number: 59-2445513 ☐ 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
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

CAWN, SANDY
2400 W 33RD ST
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sandra A. Cawn 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	P	☑ Change ☐ Addition
NAME	NUSS, RICK	1.2 NAME	NUSS, RICK	
STREET ADDRESS	401 S. DARK AVE.	1.3 STREET ADDRESS	401 S. Dark Ave.	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL.	
TITLE	P	2.1 TITLE	V	☑ Change ☐ Addition
NAME	FORD, BILL	2.2 NAME	FORD, Bill	
STREET ADDRESS	4209 VINELAND RD SUITE J-7	2.3 STREET ADDRESS	4209 Vineland Rd, ste J-7	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl.	
TITLE	S	3.1 TITLE	E	☐ Change ☑ Addition
NAME	KAY, RICHARD	3.2 NAME	Calhoun, Gary	
STREET ADDRESS	1345 28TH ST.	3.3 STREET ADDRESS	1776 Independence Lane	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Maitland, Fl.	
TITLE	T	4.1 TITLE	D	☐ Change ☑ Addition
NAME	CAWN, SANDY	4.2 NAME	Grace, Peggy	
STREET ADDRESS	2400 W 33RD ST	4.3 STREET ADDRESS	908 New York Ave.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	St. Cloud, Fl.	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	WELLS, PATRICIA	5.2 NAME	Stacey, Ray	
STREET ADDRESS	2400 W. 33RD ST.	5.3 STREET ADDRESS	1345 28th Street	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Sanford, Fl.	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HULTGREEN, MARIAN	6.2 NAME		
STREET ADDRESS	2400 W 33RD ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 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 119.07(3)(i), 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: Sandra A. Cawn 1/23/95 407-886-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004748