

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04960

**FILED**  
**Jul 14, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CRIME PREVENTION ASSOCIATION, INC.

**Current Principal Place of Business:**

360 WEST RUBY STREET  
TAVARES, FL 32778 US

**New Principal Place of Business:**

4000 CENTRAL FLORIDA BLVD  
ORLANDO, FL 328163550 US

**Current Mailing Address:**

360 WEST RUBY STREET  
TAVARES, FL 32778 US

**New Mailing Address:**

4000 CENTRAL FLORIDA BLVD  
ORLANDO, FL 328163550 US

**FEI Number:** 59-2445513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCFADDEN, LINDA  
360 W RUBY STREET  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

EMERT, JEANNETTE  
4000 CENTRAL FLORIDA BLVD  
ORLANDO, FL 328163550 US

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: JEANNETTE EMERT

07/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, DAVID  
Address: 300 N MOSS RD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: T  
Name: EMERT, JEANNETTE  
Address: 4000 CENTRAL FLORIDA BLVD  
City-St-Zip: ORLANDO, FL 328163550 US

Title: V  
Name: MCFADDEN, LINDA  
Address: 360 W RUBY ST  
City-St-Zip: TAVARES, FL 32778 US

Title: S  
Name: BROWN, BRYAN  
Address: 244 MOHAWK RD  
City-St-Zip: CLERMONT, FL 34715 US

I hereby 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 all other like empowered.

SIGNATURE: JEANNETTE EMERT

T

07/14/2010

Electronic Signature of Signing Officer or Director

Date