FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jun 18 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(2)

CRIME PREVENTION OF TITUSVILLE, INC.

OI MAIL	THE TENTON OF THE OW	TEEN, HTO.			
Principal Place	of Business	Mailing Address			344 01011 01011 03041 01014 01011 01011 100X
C/O MELISSA OTTO 1619 CHENEY HIGHWAY TITUSVILLE FL 32780		C/O MELISSA OTTO 1819 CHENEY HIGHWAY TITUSVILLE FL 32780-8021			
THOUTELL TE	OLTOO			3. Date Incorporated or Qualified 11/02/1987	3a. Date of Last Report 04/04/1996
2. Principal Pi	ace of Business	2a. Mailing Address 26		4. FEI Number 59-6000440	Applied For Not Applicable
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z ip	Country	Trust Fund Contribution	Added to Fees
24]	25	29 30	¬ '	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
27)	9. Name and Address of Curr			10. Name and Address of New Re	glatered Agent
81 Name Williams, Alelvin					
OTTO, MEUSSA L			82 Street	Address (P.O. Box Number is Not Acceptate	ole)
1819 CHENEY HIGHWAY				819 Cheney Hwy	
TITUSVII	LE FL 32780		83	,	
			84 City	Tibusella	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statutes,	the above-named	corporation submits this statement for the p	ourpose of changing its registered
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 agont, 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. Lam familiar with and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Malvin William 6/12/97					
	Signature, typed or printed name of registered			e required when reinstaling)	DATE
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE DIRECTOR	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	D Newland, Carl	C beech	1.1 TITLE 1.2 NAME	Williams, Melvin	Change Addition
STREET ADDRESS	1819 CHENEY HWY.		1.3 STREET ADDRESS	1819 CheNEY HOUY.	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY- ST- ZIP	1819 Cheney Huy. Titusville, PL 32780	
TITLE	D	DELETE	2.1 TITLE	7,112000 0,7 00 901780	Change Addition
NAME	TUBBS, TOM		2.2 NAME		·
STREET ADDRESS	1819 CHENEY HIGHWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OTTO, MELISSA		3.2 NAME		ļ
STREET ADDRESS	1819 CHENEY HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		□ peccie	5.1 TITLE		C change
NAME OTDEET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		F-1 Precit	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTTEL POOTESS			= 0.0 OTHER PROPERTY	1	

14. I do 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 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.