


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90062 047 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N23285</b>					
1. Corporation Name <b>CRIME PREVENTION OF TITUSVILLE, INC.</b>					
Principal Place of Business <b>C/O MELVIN WILLIAMS</b> <b>1100 USA BLVD</b> <b>TITUSVILLE FL 32780</b> <b>US</b>			Mailing Address <b>C/O MELVIN WILLIAMS</b> <b>1100 USA BLVD</b> <b>TITUSVILLE FL 32780</b> <b>US</b>		



2. Principal Place of Business 21 <b>1100 John Glenn Blvd.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>1100 John Glenn Blvd.</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>11/02/1987</b>	
City & State 23 <b>Titusville, FL</b>		City & State 28 <b>Titusville, FL</b>		4. FEI Number <b>59-6000440</b>	
Zip 24 <b>32780</b>		Country 25 <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 <b>32780</b>		30 <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WILLIAMS, MELVIN</b> <b>1100 USA BLVD</b> <b>TITUSVILLE FL 32780</b>				10. Name and Address of New Registered Agent 81 Name <b>Williams, Melvin</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1100 John Glenn Blvd.</b> 83 84 City <b>Titusville</b> <b>FL</b> 85 Zip Code <b>32780</b>	

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 *Melvin Williams* DATE **3/23/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>NEWLAND, CARL</b>			1.2 NAME	<b>FRANK J. ROSS</b>		
STREET ADDRESS	<b>1100 USA BLVD</b>			1.3 STREET ADDRESS	<b>1100 John Glenn Blvd.</b>		
CITY-ST-ZIP	<b>TITUSVILLE FL</b>			1.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TUBBS, TOM</b>			2.2 NAME	<b>Tom Tubbs</b>		
STREET ADDRESS	<b>1100 USA BLVD</b>			2.3 STREET ADDRESS	<b>1100 John Glenn Blvd.</b>		
CITY-ST-ZIP	<b>TITUSVILLE FL</b>			2.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILLIAMS, MELVIN</b>			3.2 NAME	<b>Melvin Williams</b>		
STREET ADDRESS	<b>1100 USA BLVD</b>			3.3 STREET ADDRESS	<b>1100 John Glenn Blvd.</b>		
CITY-ST-ZIP	<b>TITUSVILLE FL</b>			3.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	<b>JAMES McINNIS</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>1100 John Glenn Blvd.</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	<b>Donald Kelley</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>1100 John Glenn Blvd.</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Melvin Williams* DATE **3/23/99** (407) 264-7860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)