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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

**DOCUMENT # N25561 (4)**

1. Corporation Name

**CENTRAL FLORIDA CRIMINAL JUSTICE COUNCIL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2101 LEE RD<br>ROOM 379 ORANGE CTY CRTHOUSE<br>ORLANDO FL 32810<br>US | 5445 MARVELL AVE<br>ROOM 379 ORANGE CTY CRTHOUSE<br>ORLANDO FL 32839<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1988
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2748306 (Applied For / Not Applicable)

| | |
|---|---|
| 2. Principal Place of Business (21) | 113 COVE LAKE DRIVE |
| Suite, Apt. #, etc. (22) | LONGWOOD, FL. |
| City & State (23) | 32779 SEMINOLE |
| Zip (24) / Country (25) | U.S.A. |
| 2a. Mailing Address (26) | 113 COVE LAKE DRIVE |
| Suite, Apt. #, etc. (27) | |
| City & State (28) | LONGWOOD, FL. |
| Zip (29) / Country (30) | 32779 U.S.A. |

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

**9. Name and Address of Current Registered Agent**

CASHIN, FRANK
113 COVE LAKE DR
LONGWOOD FL 32779

**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: Frank Cashin — FRANK CASHIN — 3/29/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WYLIE, THOMAS<br>6015 DENSON DR.<br>ORLANDO FL | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P/D<br>STALY, RICK 33RD ST.<br>2400 WEST<br>ORLANDO, FL. 32839 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>STALY, RICK<br>701 EAST S. STREET<br>ORLANDO FL | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VP<br>KENNEDY, WILLIAM<br>100 SOUTH HUGHEY<br>ORLANDO, FL. 32801 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CUMBIE, LINDA<br>400 SIMPSON RD<br>KISSIMMEE FL | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S<br>CANNON, SANDY<br>1345 28TH ST.<br>SANFORD, FL. 32773 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BUCHANAN, C.D. "BUCK"<br>2090 MAJESTIC WOODS BLVD.<br>APOPKA FL | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | T<br>CASHIN, FRANK<br>113 COVE LAKE DRIVE<br>LONGWOOD, FL. 32779 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SARGENT, CHARLES<br>6526 CROOKED HILL CT.<br>ORLANDO FL | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LARKIN, CHUCK<br>1207 CARRIAGE LN<br>ORLANDO FL | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Frank Cashin — FRANK CASHIN — 3/29/95 — 407-869-0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

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