

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
**113 COVE LAKE DRIVE
ROOM 379 ORANGE CTY CRTHOUSE
LONGWOOD FL 32779
US**

Mailing Address
**113 COVE LAKE DRIVE
ROOM 379 ORANGE CTY CRTHOUSE
LONGWOOD FL 32779
US**

3. Date Incorporated or Qualified **03/23/1988** 3a. Date of Last Report **04/04/1995**

2. Principal Place of Business
21 **113 COVE LAKE DRIVE**
Suite, Apt. #, etc.
22
City & State **LONGWOOD, FL.**
23
Zip **32779** Country **U.S.A.**
24
25
26 **113 COVE LAKE DRIVE**
Suite, Apt. #, etc.
27
City & State **LONGWOOD, FL.**
28
Zip **32779** Country **U.S.A.**
29
30

4. FEI Number **59-2748306** 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**
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 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 *Frank Cashin* 4/12/96 **TREASURER FRANK CASHIN** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STALY, RICK			1.2 NAME			
STREET ADDRESS	2400 WEST 33RD STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KENNEDY, WILLIAM			2.2 NAME			
STREET ADDRESS	100 SOUTH HUGHEY			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CANNON, SANDY			3.2 NAME			
STREET ADDRESS	1345 29TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP			
TITLE	T. CASHIN, FRANK	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CSHIN, FRANK			4.2 NAME			
STREET ADDRESS	113 COVE LAKE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			4.4 CITY-ST-ZIP			
TITLE	D. PRESIDENT	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARGENT, CHARLES			5.2 NAME			
STREET ADDRESS	6526 CROOKED HILL CT.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARKIN, CHUCK			6.2 NAME			
STREET ADDRESS	1207 CARRIAGE LN			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)(k), 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* 4/12/96 **FRANK CASHIN** 403-869-0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)