

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 DR ROOM 379 ORANGE CITY CATHOUSE LONGWOOD FL 32779 US	Mailing Address 113 COVE LAKE DR ROOM 379 ORANGE CITY CATHOUSE LONGWOOD FL 32779-2310 US
---	--

3. Date Incorporated or Qualified 03/23/1988	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2748306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 113 COVE LAKE DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 113 COVE LAKE DRIVE Suite, Apt. #, etc.
City & State 23 LONGWOOD FL.	City & State 28 LONGWOOD FL.
Zip 24 32779	Country 25 SEMINOLE
Zip 29 32779	Country 30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASHIN, FRANK
113 COVE LAKE DR
LONGWOOD FL 32779**

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

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	D	1.1 TITLE	VP
NAME	BUCHANAN, CARL D JR	1.2 NAME	ANDREW JACKSON PERRY
STREET ADDRESS	926 GREAT POND DR SUITE 2001	1.3 STREET ADDRESS	400 W. 328 ST.
CITY - ST - ZIP	ALTAMONTE SPGS FL	1.4 CITY - ST - ZIP	ORLANDO, FLORIDA 32808 32802 32839
TITLE	VP	2.1 TITLE	PRESIDENT
NAME	DORAN, PERRY	2.2 NAME	DORAN, PERRY
STREET ADDRESS	7312 BRANCHTREE DR	2.3 STREET ADDRESS	7312 BRANCHTREE DR.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	ORLANDO, FL.
TITLE	S	3.1 TITLE	
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	4.1 TITLE	
NAME	CASHIN, 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	P	5.1 TITLE	D
NAME	SARGENT, CHARLES	5.2 NAME	SARGENT, CHARLES
STREET ADDRESS	6526 CROOKED HILL CT.	5.3 STREET ADDRESS	6526 CROOKED HILL CT.
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	ORLANDO, FL.
TITLE	D	6.1 TITLE	
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 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** 3/18/97 407-869-0938

CR2E037 (9/96)