FILE NOW: FILING FEE IS \$61.25 **FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 04 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N25561 (4)CENTRAL FLORIDA CRIMINAL JUSTICE COUNCIL, INC. Principal Place of Business Mailing Address 113 COVE LAKE DRIVE ROOM-379 ORANGE CEY CRITHOUSE LONGWOOD FL 32779 113 COVE LAKE DRIVE 3. Date Incorporated or Qualified ROOM 270 ORMAN E GTA 03/23/1988 LONGWOOD FL 32779 4. FEI Number Applied For 59-2748306 Not Application illing Address Principal Place of Business \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 Trust Fund Contribution City & State 7. Is this nonprofit corporation a homeowners association? LONGWOOD onGwool) **™** No 28 Yes 23 This corporation owes or has paid the current year Intangible かりり JEM, NOUS EMINOLE ☐ Yes No I Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CASHIN, FRANK Street Address (P.O. Box Number is Not Acceptable) 113 COVE LAKE DR 83 LONGWOOD FL 32779 84 Zip Code 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 OFFICERS AND DIRECTORS DELETE Signature, typed or printed name of registered agent and title if applicable gistered Agent sign 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **Change** TITLE 1 1 TITLE beyon in youden jackson PEADEN II. ANDREW JACKSON NAME 1.2 NAME 2400 W 33RD ST STREET ADDRESS 1.3 STREET ADDRESS ORLANDO. ORLANDO FL CITY - ST-ZIP 1.4 CITY - ST-ZIP DELETE: Change Addition TITLE 2.1 TITLE RICHARD BEARY NAME DORAN, PERRY 2.2 NAME 235 RHINEHART ROAD LAKE MARY, EL. 32746 STREET ADDRESS 7312 BRANCHTREE DR 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RICHARD L. ANDERSON CANNON, SANDY NAME 3.2 NAME 3741 VISION BLVD. 1345 29TH ST. STREET ADDRESS 3.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition CASHIN, FRANK 4. 2 NAME 113 COVE LAKE DRIVE STREET ADDRESS 4.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SARGENT, CHARLES NAME 5.2 NAME 6526 CROOKED HILL CT. STREET ADDRESS 5.3 STREET ADDRESS ORLANDO FL CITY - ST- ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

LARKIN, CHUCK

ORLANDO FL

1207 CARRIAGE LN

NAME

STREET ADDRESS

CITY-ST-ZIP

Laslerd

14. I hereby certify that the information supplied with this filling 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 open attachment with an address?

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