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May 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25561

1. Corporation Name

CENTRAL FLORIDA CRIMINAL JUSTICE COUNCIL, INC.

Principal Place of Business

~~113 COVE LAKE DRIVE~~
~~ROOM 379 ORANGE CTY CATHOUSE~~
~~LONGWOOD FL 32777~~
~~US~~

Mailing Address

~~113 COVE LAKE DR~~
~~ROOM 379 ORANGE CTY CATHOUSE~~
~~LONGWOOD FL 32777~~
~~US~~



2. Principal Place of Business 21 1111 N. ROCKSPRINGS RD Suite, Apt. #, etc. 22	2a. Mailing Address 26 1111 N. ROCKSPRINGS RD Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/23/1988
City & State 23 APOPKA FLORIDA Zip Country 24 32712 25 USA	City & State 28 APOPKA FLORIDA Zip Country 29 32712 30 USA	4. FEI Number 59-2748306 Applied For 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

9. Name and Address of Current Registered Agent

~~CASHIN, FRANK~~
~~113 COVE LAKE DR~~
~~LONGWOOD FL 32777~~

10. Name and Address of New Registered Agent

81 Name CANNON, TIMOTHY
82 Street Address (P.O. Box Number is Not Acceptable) 1111 N. ROCKSPRINGS RD
83
84 City APOPKA
85 Zip Code FL 32712

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

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	PEADEN II, ANDREW JACKSON 2400 W 33RD ST ORLANDO FL	1.1 TITLE P	BEARY, RICHARD 235 RHINEHART ROAD LAKE MARY, FL 32746
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	BEARY, RICHARD 235 RHINEHART ROAD LAKE MARY FL 32746	2.1 TITLE VP	GREGORY, RICK 5200 E COLONIAL DR ORLANDO, FL 32807
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	ANDERSON, RICHARD L 3741 VISION BLVD ORLANDO FL 32089	3.1 TITLE S	ANDERSON, RICHARD L 3741 VISION BLVD ORLANDO, FL 32089
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	CASHIN, FRANK 113 COVE LAKE DRIVE LONGWOOD FL	4.1 TITLE T	CANNON, TIMOTHY J 1111 N. ROCKSPRINGS RD APOPKA, FL 32712
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	SARGENT, CHARLES 6526 CROOKED HILL CT. ORLANDO FL	5.1 TITLE D	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	LARKIN, CHUCK 1207 CARRIAGE LN ORLANDO FL	6.1 TITLE D	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 407 321-9702

CR2E037 (11/98)