SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUN 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26360** **(0)**

1. Corporation Name
TREASURE COAST CRIME PREVENTION OFFICERS ASSOCAT ION, INC.

Principal Place of Business	Mailing Address
131 NORTH SECON STREET FT. PIERCE FL 34950 US	131 NORTH SECOND STREET FT. PIERCE FL 34950 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0192371 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BERNAS, DENNIS
131 NORTH SECOND STREET
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: Glenn Hoffman
82 Street Address (P.O. Box Number is Not Acceptable): 131 North Second St
83
84 City: Ft. Pierce **FL** 85 Zip Code: 34950

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: Glenn Hoffman (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6-1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	JACOBSON, MARTY	12 NAME	CHalker, Robin	
STREET ADDRESS	830 MARTIN LUTHER KING B	13 STREET ADDRESS	4055 41 st. Avenue	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Vero Beach FL. 32960	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	PANTEL, DANIEL	22 NAME	Passanes, Joe	
STREET ADDRESS	830 MARTIN LUTHER KING B	23 STREET ADDRESS	300 SE. Monterey Rd.	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	Stuart FL 34994	
TITLE	TD	31 TITLE	T.D	☒ Change ☐ Addition
NAME	BERNAS, DENNIS	32 NAME	Glenn Hoffman	
STREET ADDRESS	131 N. 2ND ST.	33 STREET ADDRESS	131 North 2nd St	
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	Ft. Pierce FL. 34950	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	CHALKER, ROBIN	42 NAME	Denny Holeman	
STREET ADDRESS	4055 41ST AVENUE	43 STREET ADDRESS	131 North 2nd St	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	Ft Pierce FL. 34950	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Glenn Hoffman 6-19-95 407-462-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017100