

**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 # **N26360** (0)  
1. Corporation Name

**TREASURE COAST CRIME PREVENTION OFFICERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 05/10/1988  
3a. Date of Last Report: 06/29/1995

2. Principal Place of Business: 21 4700 W. MIDWAY ROAD  
22 Suite, Apt. #, etc.  
23 City & State: FORT PIERCE, FL.  
24 Zip: 34981 25 Country: USA  
26 Mailing Address: 4700 W. MIDWAY ROAD  
27 Suite, Apt. #, etc.  
28 City & State: FORT PIERCE, FL  
29 Zip: 34981 30 Country: USA

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
FT PIERCE, FLN 34950  
131 N 2ND ST  
FT PIERCE FL 34950

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 4700 WEST MIDWAY ROAD  
83  
84 City: FORT PIERCE FL 85 Zip Code: 34981

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHALKER, ROBIN	
STREET ADDRESS	4055 41ST AVE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PASSANESI, JOE	
STREET ADDRESS	800 SE MONTERAY RD	
CITY - ST - ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, G LENN	
STREET ADDRESS	131 N 2ND ST	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOLERGER, DENNIS	
STREET ADDRESS	131 N 2ND ST	
CITY - ST - ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HOFFMAN, GLENN	
13 STREET ADDRESS	4700 WEST MIDWAY ROAD	
14 CITY - ST - ZIP	FORT PIERCE, FL 34981	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PASSANESI, JOE	
23 STREET ADDRESS	800 SE MONTERAY RD	
24 CITY - ST - ZIP	STUART, FL. 34981	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LANGFORD JOHN	
33 STREET ADDRESS	4700 WEST MIDWAY ROAD	
34 CITY - ST - ZIP	FORT PIERCE FL. 34981	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HOLERGER, DENNIS	
43 STREET ADDRESS	4700 WEST MIDWAY ROAD	
44 CITY - ST - ZIP	FORT PIERCE, FL 34981	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	DIPALERMO, MIKE	
53 STREET ADDRESS	4700 WEST MIDWAY ROAD	
54 CITY - ST - ZIP	FORT PIERCE, FL 34981	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *John H. Langford* JOHN H. LANGFORD 561 462-3350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)