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Apr 07 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 # N26360 (0)

1. Corporation Name

TREASURE COAST CRIME PREVENTION OFFICERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4700 W MIDWAY ROAD
FORT PIERCE FL 34981
US

4700 W MIDWAY ROAD
FORT PIERCE FL 34981-4825
US

3. Date Incorporated or Qualified
05/10/1988

3a. Date of Last Report
06/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0192371

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FT PIERCE, FLN -
4700 WEST MIDWAY ROAD
131 N 2ND ST
FT PIERCE FL 34950

[Redacted]
JOHN H. LANGFORD
4700 W MIDWAY RD
FT PIERCE FL 34981

61 Name [Redacted]
62 Street Address (P.O. Box Number is Not Acceptable) [Redacted]
63 [Redacted]
64 City [Redacted] FL 65 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] JOHN H. LANGFORD

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOFFMAN, GLENN	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PASSANESI, JOE	
STREET ADDRESS	800 SE MONTERAY RD	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGFORD, JOHN	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLGERGER, DENNIS	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIPALERMO, MIKE	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: [Signature] JOHN H. LANGFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 007-1482

CP2E037 (9/96)

561-462-3750

1/24/97