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Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
US



3. Date Incorporated or Qualified

**05/10/1988**

4. FEI Number

**65-0192371**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 830 M.L.K. Jr Blvd**

**2a 830 M.L.K. Jr. Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 STUART, FL**

**28 STUART, FL**

Zip

Country

Zip

Country

**24 34994**

**25 USA**

**29 34994**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGFORD, JOHN H.  
4700 WEST MIDWAY ROAD  
FT PIERCE FL 34981**

**81 Name HEATHER H. BUCHANAN**

**82 Street Address (P.O. Box Number is Not Acceptable)  
830 M.L.K. Jr Blvd**

**83**

**84 City STUART**

**FL 85 34994**

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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

*Heather H. Buchanan*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/4/98*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **HOFFMAN, GLENN**  
STREET ADDRESS **4700 WEST MIDWAY ROAD**  
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **VD** ☒ DELETE

NAME **PASSANESI, JOE**  
STREET ADDRESS **800 SE MONTERAY RD**  
CITY-ST-ZIP **STUART FL**

TITLE **T** ☒ DELETE

NAME **LANGFORD, JOHN**  
STREET ADDRESS **4700 WEST MIDWAY ROAD**  
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **SD** ☒ DELETE

NAME **HOLERGER, DENNIS**  
STREET ADDRESS **4700 WEST MIDWAY ROAD**  
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☒ DELETE

NAME **DIPALERMO, MIKE**  
STREET ADDRESS **4700 WEST MIDWAY ROAD**  
CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **DAVID SHAPIRO**  
1.3 STREET ADDRESS **1055 20th ST**  
1.4 CITY-ST-ZIP **VERO BEACH, FL 32960**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **MARTIN JACOBSON**  
2.3 STREET ADDRESS **830 M.L.K. Jr. Blvd**  
2.4 CITY-ST-ZIP **STUART, FL 34994**

3.1 TITLE **T/S** ☒ Change ☐ Addition

3.2 NAME **HEATHER H. BUCHANAN**  
3.3 STREET ADDRESS **830 M.L.K. Jr. Blvd**  
3.4 CITY-ST-ZIP **STUART, FL 34994**

4.1 TITLE **P** ☒ Change ☐ Addition

4.2 NAME **Jaylee Dudenhoeber**  
4.3 STREET ADDRESS **830 M.L.K. Jr Blvd**  
4.4 CITY-ST-ZIP **Stuart, FL 34994**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

*David Shapiro*  
Signature, typed or printed name of officer or director, receiver or trustee, and address

CR2E037 (10/97)