


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N48561 1. Entity Name FLORIDA SEX CRIMES INVESTIGATORS ASSOCIATION, INC.	
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Principal Place of Business 2601 W. BROWARD BLVD., STE. 2501 FORT LAUDERDALE, FL 33312 US	Mailing Address P.O. BOX 9542 FORT LAUDERDALE, FL 33310
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01312004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3136943	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCARBROUGH, DON 2601 W. BROWARD BLVD., STE. 2501 FORT LAUDERDALE, FL 33312	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000034584 02/05/04-80090-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, RONALD 2801 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERRY, CHRISTOPHER 100 SO. HUGHEY AVE. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GAJATE, FERNANDO 100 S.W. 3RD AVE. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCARBROUGH, DON 2 601 2601 W. BROWARD BLVD., STE. 2501 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BAILEY, DEHLIA 7955 N.W. 12TH ST., STE. 321 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	1-31-04	954-321-4245
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>