

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001971

**FILED**  
**Aug 31, 2004**  
**Secretary of State****Entity Name:** COCONUT GROVE CRIME PREVENTION COUNCIL, INC.**Current Principal Place of Business:**420 S. DIXIE HWY  
SUITE 2B  
CORAL GABLES, FL 33146 US**New Principal Place of Business:****Current Mailing Address:**420 S. DIXIE HWY  
SUITE 2-B  
CORAL GABLES, FL 33146 US**New Mailing Address:****FEI Number:** 65-0544187**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SMITH, SKY E  
LAW OFFICE OF SMITH & GELLMAN  
2400 SOUTH DIXIE HIGHWAY, SUITE 100  
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**LOUPO, ROBERT E  
3229 GIFFORD LANE  
MIAMI, FL 33133 US

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.

SIGNATURE: ROBERT E. LOUPO

08/31/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITE, DAVID  
Address: 3523 MARLER AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: P ( ) Delete  
Name: GELL, DAVID J.  
Address: 4245 BRAGANZA  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: MATHEWS, MICHAEL  
Address: 491 NE 108 STREET  
City-St-Zip: MIAMI, FL 33161

Title: T (X) Delete  
Name: CARPENTER, L B CPA  
Address: 4156 CRAWFORD AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: MCDONALD, YVONNE  
Address: 3366 THOMAS AVE  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: P (X) Change ( ) Addition  
Name: LOUPO, ROBERT E  
Address: 3229 GIFFORD  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T (X) Change ( ) Addition  
Name: HARRING, KATHERINE  
Address: 3645 LOQUAT  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. LOUPO

PRES

08/31/2004

Electronic Signature of Signing Officer or Director

Date