

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005686

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA CRIMINAL JUSTICE ASSOCIATION, INCORPORATED

Current Principal Place of Business:

415 NORTH ORANGE AVE
ATTN: WILLIAM C. VOSE
ORLANDO, FL 32802

New Principal Place of Business:

Current Mailing Address:

415 NORTH ORANGE AVE
ATTN: WILLIAM C. VOSE
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3274275 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VOSE, WILLIAM C
415 NORTH ORANGE AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ZELANES, MICHAEL
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 328163550

Title: PD () Delete
Name: DEAL, MICHAEL
Address: 225 NEWBURYPORT AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: PRESLEY, DARRELL
Address: SANFORD POLICE DEPARTMENT
City-St-Zip: SANFORD, FL

Title: SD () Delete
Name: CHUDNOW, JEFFREY
Address: OVIEDO POLICE DEPARTMENT
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KING, ART
Address: 500 NORTH VIRGINIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: SD (X) Change () Addition
Name: WEAVER, KARIN
Address: 100 SOUTH HUGHEY
City-St-Zip: ORLANDO, FL 32801

Title: PD (X) Change () Addition
Name: PRESLEY, DARRELL
Address: SANFORD POLICE DEPARTMENT
City-St-Zip: SANFORD, FL

Title: VPD (X) Change () Addition
Name: CHUDNOW, JEFFREY
Address: OVIEDO POLICE DEPARTMENT
City-St-Zip: OVIEDO, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ART KING

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date