

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005686

FILED
Mar 20, 2012
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
Name: WALTERS, SHELLI
Address: 225 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 OR

Title: SD
Name: WEAVER, KARIN
Address: 500 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801 OR

Title: VPD
Name: ROONEY, PAUL
Address: 100 SOUTH HUGHEY
City-St-Zip: ORLANDO, FL 32801 OR

Title: PD
Name: BANKS, DANIEL
Address: 500 WEST ROBINSON ST
City-St-Zip: ORLANDO, FL 32801 OR

I hereby 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 all other like empowered.

SIGNATURE: SHELLI WALTERS

TREA

03/20/2012

Electronic Signature of Signing Officer or Director

Date