FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005928 (6)

1. Corporation Name

DAVENPORT CRIME RESEARCH INSTITUTE OF AMERICA, I NC.

Principal Place of Business	Mailing Address
2323 NORTHWEST 12 COURT FORT LAUDERDALE FL 33311	P.O. BOX 9826 FORT LAUDERDALE FL 33310-9826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0560762 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Davenport, Ozzie M.
82 Street Address (P.O. Box Number is Not Acceptable): 2323 Northwest 12th Court
83
84 City: Fort Lauderdale FL 85 Zip Code: 33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ozzie M. Davenport 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	V/D	☐ Change ☒ Addition
NAME	DAVENPORT, OZZIE M	12 NAME	Myers, Herbert	
STREET ADDRESS	2323 NORTHWEST 12 COURT	13 STREET ADDRESS	1811 NW 26th Terrace	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	14 CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE		21 TITLE	S/T/D	☐ Change ☒ Addition
NAME		22 NAME	DeGraffenreidt, Andrew	
STREET ADDRESS		23 STREET ADDRESS	1760 NW 27th Terrace	
CITY-ST-ZIP		24 CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	Richards, George E.	
STREET ADDRESS		33 STREET ADDRESS	179 Treva Drive	
CITY-ST-ZIP		34 CITY-ST-ZIP	Mt. Washington, KY 40047	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Williams, Arthur	
STREET ADDRESS		43 STREET ADDRESS	421 NW 16th Avenue	
CITY-ST-ZIP		44 CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Roach, Margaret	
STREET ADDRESS		53 STREET ADDRESS	1651 NW 26th Avenue	
CITY-ST-ZIP		54 CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ozzie M. Davenport 4-28-95 (305)587-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0048987