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May 10, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001748

1. Corporation Name

FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC.

Principal Place of Business

Mailing Address

8700 CITIZEN DRIVE
NERW PORT RICHIE FL 34654-5599

8700 CITIZEN DRIVE
NERW PORT RICHIE FL 34654-5599



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3504338

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THEODORIDES, ELECTRA
2071 RINGLING BLVD.
SARASOTA FL 34237**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 **D** ☐ DELETE
NAME **LANCASTER, SCOTT SHERIFF**
STREET ADDRESS **P.O. BOX 548**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Brongel, Robert Lt.**
1.3 STREET ADDRESS **PO Box 4115**
1.4 CITY-ST-ZIP **Sarasota, FL 34230**

TITLE **D** ☐ DELETE
NAME **CANNON, LEE SHERIFF**
STREET ADDRESS **8700 CITIZEN DRIVE**
CITY-ST-ZIP **NEW PORT RICHIE FL 34654-5599**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Ference, Richard Major**
2.3 STREET ADDRESS **14470 Harlee Rd.**
2.4 CITY-ST-ZIP **Palmetto, FL 47221**

TITLE **D** ☐ DELETE
NAME **KNOWLES, BOBBY SHERIFF**
STREET ADDRESS **4700 W. MODWAY RD.**
CITY-ST-ZIP **FT PIERCE 34 98148-2599**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Gibney, Vince Lt.**
3.3 STREET ADDRESS **14400 49th St. North**
3.4 CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **D** ☐ DELETE
NAME **FONTANA, JOSEPH CAPTAIN**
STREET ADDRESS **P.O. BOX 4115**
CITY-ST-ZIP **SARASOTA FL 34230-4115**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Holley, Ken Commander**
4.3 STREET ADDRESS **PO Box 39**
4.4 CITY-ST-ZIP **Moore Haven, FL 33471**

TITLE **D** ☒ DELETE
NAME **SANSOM, RAY COMMISS**
STREET ADDRESS **1804 LEWIS TURNER RD #102**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Wilber, Harold B. Director**
5.3 STREET ADDRESS **3228 Gun Club Road**
5.4 CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE **D** ☐ DELETE
NAME **CLIFFORD, CINDY WARDEN**
STREET ADDRESS **DEPT. OF CORRECTIONS CALLER SERVICE 2865**
CITY-ST-ZIP **DAYTONA BEACH FL 32120-2865**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Mapoles, Byrd Commissioner**
6.3 STREET ADDRESS **6495 Caroline Street Suite M**
6.4 CITY-ST-ZIP **Milton, FL 32570**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sheriff Lee Cannon

4/26/99

727/844-7733
Daytime Phone #

CR2E037 (1/98)

537958-90243-26

Doc. # 148000001748

Continuation to Line #13:

13.	Title:	C	✓Change
	Name:	Cannon, Lee Sheriff	
	Address:	8700 Citizen Drive	
	City/State:	New Port Richey, FL 34654	