


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**


05-17-2004 90017 044 \*\*\*\*61.25

<b>DOCUMENT # N98000001748</b>	
1. Entity Name FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC.	

Principal Place of Business 7642 PLATHE RD NEW PORT RICHEY, FL 34653	Mailing Address 7642 PLATHE RD NEW PORT RICHEY, FL 34653
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

24070201



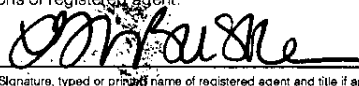
03042003 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3504338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
Theodorides-Bustle, ELECTRA 2074 RINGLING BLVD. SARASOTA, FL 34237	
2331 Phillips Rd Tallahassee, FL 32308	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 5/12/04

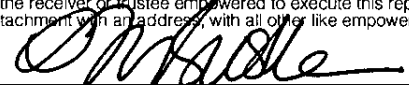
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONGEL, ROBERT LT PO BOX 4115 SARASOTA, FL 34230 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, LARRY P O BOX 727 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBNEY, VINCE 14400 49TH ST NORTH CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, KEN PO BOX 39 MOORE HAVEN, FL 33471 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, SCOTT P.O. BOX 548 GREEN COVE SPRINGS, FL 320430548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, NED 3955 LEWIS SPEED WAY SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, ROBERT E., MAJOR PO BOX 1210 GAINESVILLE, FL 32602-1210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDROP, TAMMY, CAPTAIN PO BOX 24681 WEST PALM BCH, FL 33416-4681 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORIDES-BUSTLE, ELECTRA, CHIEF OF STAFF FDLE 2331 PHILLIPS RD, TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAMAN, ROBERT, MAJOR 600 S.E. MONTEREY RD STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GREG, MAJOR 3301 TAMiami TRAIL, EAST NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, DAVID F, SHERIFF 15 OAK ST CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 5/12/04 850-410-7004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR