

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707340

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC6420333481**

**Entity Name:** THE FLORIDA COUNCIL ON CRIME AND DELINQUENCY, INC.

**Current Principal Place of Business:**

12531 TIMBER RUN  
DADE CITY, FL 33525

**Current Mailing Address:**

POST OFFICE BOX 218  
DADE CITY, FL 33526-0218

**FEI Number: 59-1665573**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PAGE, MICHAEL F  
12531 TIMBER RUN  
DADE CITY, FL 33525 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LINGIS, ROBERT A  
Address        3151 NW 111TH STREET  
City-State-Zip: GAINESVILLE FL 32606

Title            PRESIDENT ELECT  
Name            COLON, KAREN  
Address        2301 MEETING PLACE  
City-State-Zip: ORLANDO FL 32814

Title            EXECUTIVE SECRETARY  
Name            PAGE, MICHAEL F  
Address        12531 TIMBER RUN  
City-State-Zip: DADE CITY FL 33525

Title            TREASURER  
Name            GIACOMO, GINA  
Address        411 RICHVIEW PARK CIRCLE EAST  
City-State-Zip: TALLAHASSEE FL 32301

Title            EXECUTIVE DIRECTOR  
Name            SCHUKNECHT, FRED  
Address        2737 CENTERVIEW DR.  
                 SUITE 1226  
City-State-Zip: TALLAHASSEE FL 32399-3100

Title            SECRETARY  
Name            BROOKS, LINDA A  
Address        305 ALEATHA DR  
City-State-Zip: DAYTONA BEACH FL 32114-7312

*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: MICHAEL F. PAGE**

**EXECUTIVE SECRETARY    01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date