2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
1067649319CC

DOCUMENT# 717314

Entity Name: FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED

Current Principal Place of Business:

505 LAKE BLUE DR
LAKE PLACID, FL 33852

Current Mailing Address:

PO BOX 628
SEBRING, FL 33871 US

FEI Number: 83-0382931

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTHONY PAPA CPA PLLC
3200 US HWY 27 S SUITE 306
SEBRING, FL 33870 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: ANTHONY PAPA 02/06/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BERMUDEZ, JOSEPH
Address	1515 NW 79TH AVENUE
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	GREEN, TRISHA
Address	800 SE MONTEREY ROAD
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	FRAZIER, PATRICK
Address	1700 W LEONARD ST
City-State-Zip:	PENSACOLA FL 32501

Title	DIRECTOR
Name	STRICKLAND, SHAWN
Address	501 E. BAY ST
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	HAYS, NELL
Address	PO BOX 628
City-State-Zip:	SEBRING FL 33871

Title	SECRETARY
Name	RYAN, LACEE
Address	PO BOX 2246
City-State-Zip:	WINTER PARK FL 32790

Title	DIRECTOR
Name	WILLIAMS, CORY
Address	250 MARRIOTT DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	PRATT, SUSAN
Address	1577 MUSEUM ROAD
City-State-Zip:	GAINESVILLE FL 32611

Continues on page 2

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: NELL HAYS TREASURER 02/06/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THOMPSON, LINDA
Address	15855 SR 50
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	SPOTTS, DAMIAN
Address	920 SOUTH US 1
City-State-Zip:	FT PIERCE FL 34950

Title	DIRECTOR
Name	KLEWICKI, JAMES
Address	3319 TAMIAMI TRAIL EAST, BLDG J
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	FLEISCHER, JOSH
Address	5801 MARINA DR
City-State-Zip:	HOLMES BEACH FL 34217

Title	DIRECTOR
Name	JUDGE, PETER
Address	9705 EAST HIBISCUS STREET
City-State-Zip:	PALM BAY FL 33157