

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**505 LAKE BLUE DRIVE
LAKE PLACID, FL 33852 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

02/12/2024

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 TREASURER
Name HAYS, NELL
Address 505 LAKE BLUE DRIVE
City-State-Zip: LAKE PLACID FL 33852

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

Title SECRETARY
Name RYAN, LACEE
Address 1250 WEST SOUTH ST.
City-State-Zip: ORLANDO FL 32805

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

Title DIRECTOR
Name CUTCHINS, DANIEL
Address 830 WEST JEFFERSON STREET
City-State-Zip: TALLAHASSEE FL 32306

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

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

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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

02/12/2024

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