

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000006086

**Entity Name:** CRISIS PREVENTION INSTITUTE, INC.

**Current Principal Place of Business:**

10850 W. PARK PLACE  
SUITE 250  
MILWAUKEE, WI 53224

**Current Mailing Address:**

10850 W. PARK PLACE  
SUITE 250  
MILWAUKEE, WI 53224 US

**FEI Number:** 39-2012874

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            SUSAN, DRISCOLL  
Address        10850 W. PARK PLACE STE 250  
City-State-Zip: MILWAUKEE WI 53224

Title            CEO  
Name            JACE, TONY  
Address        10850 W. PARK PLACE STE 250  
City-State-Zip: MILWAUKEE WI 53224

Title            CFO  
Name            JOY , KRAUSERT  
Address        10850 W. PARK PLACE  
                 SUITE 250  
City-State-Zip: MILWAUKEE WI 53224

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOY KRAUSERT

**DIRECTOR/CFO/TREASURER**    02/06/2025

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

\_\_\_\_\_  
Date