

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004577 (9)**  
 1. Corporation Name  
**CIVILIAN VOLUNTEERS ASSISTING POLICE, INC.**



Principal Place of Business <b>1710 N. TAMPA STREET REPORTS &amp; INFORMATION UNIT (R.I.U.) TAMPA FL 33602</b>	Mailing Address <b>1710 N. TAMPA STREET REPORTS &amp; INFORMATION UNIT (R.I.U.) TAMPA FL 33602</b>
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3. Date Incorporated or Qualified  
**08/11/1997**

4. FEI Number <b>31-1562135</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**JACKSON WATERS, CULLEN SR.  
TAMPA POLICE DEPARTMENT  
1710 N. TAMPA ST. R.I.U.  
TAMPA FL 33802**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Cullen S. Waters* *Cullen S. Waters*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BERRY, JOAN</b>	
STREET ADDRESS	<b>4202 BEACHWAY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GILLIARD, EMMALINE</b>	
STREET ADDRESS	<b>1450 HIGHLAND RIDGE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GOLDIE, CATHERINE J</b>	
STREET ADDRESS	<b>8628 LAKE ISLE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GORDON, BONNIE</b>	
STREET ADDRESS	<b>2413 BAYSHORE BLVD. #2106</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>NOTO, DAISY A</b>	
STREET ADDRESS	<b>3401 HEITER</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JACKSON WATERS, CULLEN SR.</b>	
STREET ADDRESS	<b>1710 N. TAMPA STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Gordon, Bonnie</b>
4.3 STREET ADDRESS	<b>11322 Torrey Pines Drive</b>
4.4 CITY-ST-ZIP	<b>Riverview, FL 33569</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Cullen Jackson Waters</b>
6.3 STREET ADDRESS	<b>411 N. Franklin St.</b>
6.4 CITY-ST-ZIP	<b>Tampa, Fl. 33602</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cullen S. Waters*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0047895

CR2E037 (10/97)