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03-11-1999 90132 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004577

1. Corporation Name

CIVILIAN VOLUNTEERS ASSISTING POLICE, INC.

Principal Place of Business

411 N. FRANKLIN STREET  
TAMPA FL 33602

Mailing Address

411 N. FRANKLIN STREET  
TAMPA FL 33602



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
08/11/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
31-1562135

Applied For  
Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cullen J. Waters

TAMPA POLICE DEPARTMENT  
1710 N. TAMPA ST. R.I.U.  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 J. Waters* *Cullen J. Waters* 3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME BERRY, JOAN  
STREET ADDRESS 4202 BEACHWAY DRIVE  
CITY-ST-ZIP TAMPA FL 33609

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GILLIARD, EMMALINE  
STREET ADDRESS 1450 HIGHLAND RIDGE  
CITY-ST-ZIP BRANDON FL 33510

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 503-A Maydell Dr.  
2.4 CITY-ST-ZIP Tampa, Fl. 33619

TITLE D  DELETE  
NAME GOLDIE, CATHERINE J  
STREET ADDRESS 8628 LAKE ISLE DR.  
CITY-ST-ZIP TAMPA FL 33629

3.1 TITLE  Change  Addition  
3.2 NAME Robert Staley  
3.3 STREET ADDRESS 225 - 27th Ave. North  
3.4 CITY-ST-ZIP St. Petersburg, Fl. 33704

TITLE D  DELETE  
NAME GORDON, BONNIE  
STREET ADDRESS 11322 TORREY PINES DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS 29235 Bayhead Road  
4.4 CITY-ST-ZIP Dade City, Fl. 33523

TITLE D  DELETE  
NAME NOTO, DAISY A  
STREET ADDRESS 3401 HEITER  
CITY-ST-ZIP TAMPA FL 33607

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WATERS, CULLEN J  
STREET ADDRESS 411 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Joan Berry* SIGNATURE REQUIRED JOAN BERRY 3-9-99 289-0858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)