


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90056 024 ****61.25

DOCUMENT # N97000004577

1. Entity 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40002777



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
31-1562135

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JACKSON WATERS, CULLEN SR.
 TAMPA POLICE DEPARTMENT
 1710 N. TAMPA ST. R.I.U.
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Joseph H. Walker

Street Address (P.O. Box Number is Not Acceptable)
411 N. Franklin St.

City
Tampa FL Zip Code
33602

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph H. Walker* DATE **01-13-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, JOAN 4202 BEACHWAY DRIVE TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLETON, ROBERT 3301 BAYSHORE BLVD #1804 TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODYARD, ADELE 5010 E. COLONIAL DR #8 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTO, DAISY A 3401 HEITER TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, CULLEN J 411 N. FRANKLIN STREET TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Wick 3407 W. New Orleans Ave. Tampa, Fl. 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harrison, Debbie 11131 Walter Hunter Rd. Lithia, Fl. 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph H. Walker 411 N. Franklin St. Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Tampa, FL 33602 Florida Statute 617.07(3)(b). I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph H. Walker* DATE **01-13-05**

Signature and typed or printed name of signing officer or director Date Daytime Phone #