

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90178 023 ****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

DO NOT WRITE IN THIS SPACE

02222007 No Chg-NP CR2E037 (4/06)

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

Sgt. Joseph M. Walker
 WALKER, JOSEPH M
 411 N FRANKLIN ST
 TAMPA, FL 33602

Massucci, Julie V

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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 *Sgt. J.V. Massucci* DATE *9 March 07*

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERRY, JOAN
STREET ADDRESS	4202 BEACHWAY DRIVE 19918 Gulf Bl'vd
CITY-ST-ZIP	TAMPA, FL 33609 Indian Shores, FL 33786
TITLE	D
NAME	APPLETON, ROBERT
STREET ADDRESS	3301 BAYSHORE BLVD #1804
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	WICK, BETTY
STREET ADDRESS	3407 W. NEW ORLEANS AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	NOTO, DAISY A
STREET ADDRESS	3401 HEITER
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	HARRISON, DEBBIE
STREET ADDRESS	11131 WALTER HUNTER ROAD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	WALKER, JOSEPH M <i>Massucci, Julie</i>
STREET ADDRESS	411 N FRANKLIN ST.
CITY-ST-ZIP	TAMPA, FL 33602

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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: *Sgt. J.V. Massucci* DATE: *9 March 07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #