
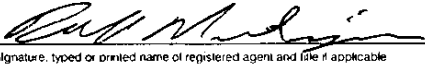
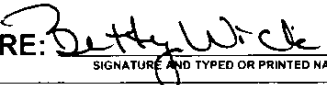


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 009 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MASSUCEI, JULIE V SGT 411 N FRANKLIN ST TAMPA, FL 33602				Name Marcotrigiano, Russell Captain	
				Street Address (P.O. Box Number is Not Acceptable) 411 N Franklin Street	
				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 		Captain Russell Marcotrigiano		January 14, 2008	
<small>Signature, typed or printed name of registered agent and file if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERRY, JOAN	NAME	Dionne, Joan		
STREET ADDRESS	19918 GULF BLVD	STREET ADDRESS	4512 Gaines Road		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	Tampa, FL 33611		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	APPLETON, ROBERT	NAME	Marcotrigiano, Russell Captain		
STREET ADDRESS	3301 BAYSHORE BLVD #1804	STREET ADDRESS	411 N Franklin Street		
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	Tampa, Florida 33602		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	WICK, BETTY	NAME			
STREET ADDRESS	3407 W. NEW ORLEANS AVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	NOTO, DAISY A	NAME			
STREET ADDRESS	3401 HEITER	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	HARRISON, DEBBIE	NAME			
STREET ADDRESS	11131 WALTER HUNTER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LITHIA, FL 33547	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MASSUCIE, JULIE	NAME			
STREET ADDRESS	411 N FRANKLIN ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
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: 		Betty Wick, President CVAP		January 14, 2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

4600



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1562135 Applied For
Not Applicable

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