

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004577

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: CIVILIAN VOLUNTEERS ASSISTING POLICE, INC.

**Current Principal Place of Business:**

411 N. FRANKLIN STREET  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

411 N. FRANKLIN STREET  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 31-1562135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARCOTRIGIANO, RUSSELL  
411 N FRANKLIN ST  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BERRY, JOAN  
Address: 19918 GULF BLVD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D      ( ) Delete  
Name: APPLETON, ROBERT  
Address: 3301 BAYSHORE BLVD #1804  
City-St-Zip: TAMPA, FL 33629

Title: D      ( ) Delete  
Name: WICK, BETTY  
Address: 3407 W. NEW ORLEANS AVE  
City-St-Zip: TAMPA, FL 33614

Title: D      ( ) Delete  
Name: NOTO, DAISY A  
Address: 3401 HEITER  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: DIONNE, JOAN  
Address: 4512 GAINES ROAD  
City-St-Zip: TAMPA, FL 33611

Title: D      ( ) Delete  
Name: MARCOTRIGIANO, RUSSELL  
Address: 411 N FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: WICK, BETTY  
Address: 3407 WEST NEW ORLEANS AVE  
City-St-Zip: TAMPA, FL 33614

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ROY, LEWIS  
Address: 19701 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAPTAIN RUSSELL MARCOTRIGIANO

CORD

06/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date