

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90274 029 ****61.25

DOCUMENT # F03000006398

1. Entity Name
**HOMELAND PROTECTION INSTITUTE, LTD.,
INCORPORATED**



Principal Place of Business
**13873 PARK CENTER ROAD, SUITE 500
HERNDON, VA 20171**

Mailing Address
**13873 PARK CENTER ROAD, SUITE 500
HERNDON, VA 20171**

40078046



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0735797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ARMSTRONG, DOUGLAS W 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Al Brandenstein 11917 Champion Lake Court Herndon, VA 20170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNAUGHTON, SEAN 1 COUNTY COMPLEX COURT PRINCE WILLIAM, VA 22192	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOCCHICHIO, ANTHONY 10771 HAWKS VISTA STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, DAVID 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHNEIDER, RICHARD 158 HARMON DRIVE NORTHFIELD, VT 05663	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KNODT, PATRICIA L 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia L. Knodt* **PATRICIA L. KNODT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 **703-904-5071**

DATE

Daytime Phone #