


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001921 1. Entity Name NORTH PORT POLICE AUXILIARY, INC.	
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Principal Place of Business 5650 NORTH PORT BLVD NORTH PORT, FL 34287	Mailing Address 5650 NORTH PORT BLVD NORTH PORT, FL 34287
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01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3613996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARISI, JOHN 5650 NORTH PORT BLVD NORTH PORT, FL 34287

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PARISI, JOHN 3170 GALIOT RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SNYDER, DEAN R 6163 JOEJEFF ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LAROCK, CYNDI 4756 LACOCO ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUSCATO, LOUIE 4921 WEIDMAN AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AYERS, ROBERT 5175 DENSAN ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASHEM, STEVE 4756 LACOCO ST NORTH PORT, FL 34296

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01/15/04-80054-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cynthia H. H. H.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-904 (941) 426-0618
Date Daytime Phone #