


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90066 010 \*\*\*\*61.25

<b>DOCUMENT # N02000006463</b> 1. Entity Name <b>NATIONAL POLICE FAMILY VIOLENCE PREVENTION PROJECT, INC.</b>					
Principal Place of Business <b>6335 GROVE POINT DRIVE WINTERHAVEN, FL 33884</b>			Mailing Address <b>6335 GROVE POINT DRIVE WINTERHAVEN, FL 33884</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>35-2178621</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRIGGS, C. RENAE 6335 GROVE POINT DRIVE WINTERHAVEN, FL 33884</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD GRIGGS, C. RENAE 6335 GROVE POINT DRIVE WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TODOROFF, GERALD 28053 OLD TRILBY ROAD BROOKSVILLE, FL 34602</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ABOLAFIA, DEBRA 91088 SW 19TH PL FORT LAUDERDALE, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD EVANS, RON 28053 OLD TRILBY ROAD BROOKSVILLE, FL 34602</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD COOK, NANCY 1230 SOUTH NOB HILL ROAD FORT LAUDERDALE, FL 33324</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GALLO, GINA 3224 FLAGSTAFF CT LAS VEGAS, NV 89117</b>	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: C. Renae Griggs</b> <b>3/23/04</b> <b>(863) 326-5288</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94038441



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FL

Zip Code