

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2005
Secretary of State**

DOCUMENT# N02000006463

Entity Name: NATIONAL POLICE FAMILY VIOLENCE PREVENTION PROJECT, INC.

Current Principal Place of Business:

6335 GROVE POINT DRIVE
WINTERHAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6335 GROVE POINT DRIVE
WINTERHAVEN, FL 33884

New Mailing Address:

FEI Number: 35-2178621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIGGS, C. RENAE
6335 GROVE POINT DRIVE
WINTERHAVEN, FL 33884 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: MD () Delete
Name: GRIGGS, C. RENAE
Address: 6335 GROVE POINT DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD () Delete
Name: TODOROFF, GERALD
Address: 28053 OLD TRILBY ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: VPD () Delete
Name: ABOLAFIA, DEBRA
Address: 91088 SW 19TH PL
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: TD () Delete
Name: EVANS, RON
Address: 28053 OLD TRILBY ROAD
City-St-Zip: BROOKSVILLE, FL 34602

Title: SD () Delete
Name: COOK, NANCY
Address: 1230 SOUTH NOB HILL ROAD
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D (X) Delete
Name: GALLO, GINA
Address: 3224 FLAGSTAFF CT
City-St-Zip: LAS VEGAS, NV 89117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: C, RENAE GRIGGS

MD

04/05/2005

Electronic Signature of Signing Officer or Director

Date