

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90061 007 ****61.25

DOCUMENT # N02000006463

1. Entity Name

**NATIONAL POLICE FAMILY VIOLENCE PREVENTION PROJE
CT, INC.**



Principal Place of Business

**6335 GROVE POINT DRIVE
WINTERHAVEN FL 33884**

Mailing Address

**6335 GROVE POINT DRIVE
WINTERHAVEN FL 33884**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

352178621

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIGGS, C. RENAE
6335 GROVE POINT DRIVE
WINTERHAVEN FL 33884**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PLEASE SEE ATTACHMENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE REQUIRED

C. Renae Griggs 7/21/03 (863) 326-5288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #

CR2E037 (4/03)

Attachment

80133496
~~#11020000064103~~

#11.

TITLE: M

NAME: C. Renae Griggs D

STREET ADDRESS: 6335 Grove Point Drive

CITY-ST-ZIP: Winter Haven, FL 33884

TITLE: P

NAME: Gerald Todoroff D

STREET ADDRESS: 28053 Old Trilby Road

CITY-ST-ZIP: Brooksville, FL 34602

TITLE: VP

NAME: Debra Abolafia D

STREET ADDRESS: 9108B SW 19th PL

CITY-ST-ZIP: Fort Lauderdale, FL 33324

TITLE: T

NAME: Ron Evans D

STREET ADDRESS: 28053 Old Trilby Road

CITY-ST-ZIP: Brooksville, FL 34602

TITLE: S

NAME: Nancy Cook D

STREET ADDRESS: 1230 South Nob Hill Road

CITY-ST-ZIP: Davie, FL 33324

TITLE: D

NAME: Gina Gallo D

STREET ADDRESS: 3224 Flagstaff Ct

CITY-ST-ZIP: Las Vegas, NV 89117