

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90003 046 \*\*\*\*61.25

**DOCUMENT # N03000000465**

1. Entity Name  
**NATIONAL DOMESTIC PREPAREDNESS COALITION,  
INC.**



Principal Place of Business  
**604 COURTLAND STREET  
SUITE 145  
ORLANDO, FL 32804**

Mailing Address  
**604 COURTLAND STREET  
SUITE 145  
ORLANDO, FL 32804**

**54059855**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**22-3891516**

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

**WARFIELD, LEANN M  
300 SOUTH ORANGE AVENUE  
SUITE 1000  
ORLANDO, FL 32801-3373**

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 September 8, 2004**

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 **D** ☐ Delete  
NAME **BEARY, KEVIN**  
STREET ADDRESS **2500 WEST COLONIAL DRIVE**  
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **BAILES, JULIAN E**  
STREET ADDRESS **ONE MEDICAL CNTR. DRIVE, SUITE 145**  
CITY-STATE-ZIP **MORGANTOWN, WV 26506**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **GLANZ, KENNETH M**  
STREET ADDRESS **604 COURTLAND STREET, SUITE 145**  
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Delete  
NAME **DORE, EDWARD J**  
STREET ADDRESS **604 COURTLAND STREET, SUITE 145**  
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:**

*Kenneth M. Glantz*  
**KENNETH M. GLANTZ**

**7/2/04**

**(407) 628-7008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #