


**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90018 015 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                           |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # N98000000597</b>  |  |   |  |   |  |
| <b>1. Corporation Name</b><br><b>COMMUNITY POLICING INTERACTION ASSOCIATION, INCORPORATED</b> |  |   |  |   |  |
| <b>Principal Place of Business</b><br>1348 OLD APOPKA RD.<br>APOPKA FL 32703                  |  |   | <b>Mailing Address</b><br>1348 OLD APOPKA RD.<br>APOPKA FL 32703 |   |  |



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                    |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | <b>3. Date Incorporated or Qualified</b><br>02/02/1998<br><b>4. FEL Number</b><br>59-3502448<br><b>Applied For</b><br>Not Applicable<br><b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>9. Name and Address of Current Registered Agent</b><br>HOWARD, JIMMY D SR<br>1013 S. CENTRAL AVE.<br>APOPKA FL 32703 |  |   |  | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code   |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|  |   |  |  |
|--|---|--|--|
| <b>12. OFFICERS AND DIRECTORS</b>  |   | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PT</b><br><b>FILMORE, FREDDIE SR.</b><br><b>3311 COLEMAN PLACE</b><br><b>ORLANDO FL 32905</b>  | <input type="checkbox"/> DELETE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>VPT</b><br><b>BRADFORD, HEZEKIAH JR</b><br><b>21 W. 13TH ST.</b><br><b>APOPKA FL 32703</b>     | <input type="checkbox"/> DELETE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>ST</b><br><b>MAYS, DOTSEY</b><br><b>205 W. 14TH ST.</b><br><b>APOPKA FL 32703</b>              | <input checked="" type="checkbox"/> DELETE                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>AST</b><br><b>OGISTE, GREGORY SR.</b><br><b>1136 MILL RUN CIRCLE</b><br><b>APOPKA FL 32703</b> | <input type="checkbox"/> DELETE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>ATT</b><br><b>HOWARD, JIMMY D</b><br><b>1013 S. CENTRAL AVE.</b><br><b>APOPKA FL 32703</b>     | <input type="checkbox"/> DELETE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |   | <input type="checkbox"/> DELETE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gregory S. Ogiste Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-99

Daytime Phone #

407-898-6004

Ext. 2538

CR2E037 (1/98)