

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000597

FILED
Apr 19, 2005
Secretary of State

Entity Name: COMMUNITY POLICING INTERACTION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

112 E. 6TH ST
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

PO BOX 182
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 59-3502448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, JR., HEZEKIAH
573 SMOKEMONT CT
APOPKA, FL 32712 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: PT () Delete
Name: BRADFORD, HEZEKIAH JR
Address: 573 SMOKEMONT CT
City-St-Zip: APOPKA, FL 32712

Title: VPT () Delete
Name: SMITH, ALEXANDER
Address: 569 STRATHCLYDE CT
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: MARTIN, SUE L
Address: 112 W. 7TH ST.
City-St-Zip: APOPKA, FL 32703

Title: AST () Delete
Name: OGIESTE, GREGORY SR.
Address: 30849 VISTA VIEW
City-St-Zip: MOUNT DORA, FL 32757

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: AST (X) Change () Addition
Name: WRIGHT, JOHNNIE L
Address: 232 W. 15TH STREET
City-St-Zip: APOPKA, FL 32703

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: HEZEKIAH BRADFORD, JR.

PT

04/19/2005

Electronic Signature of Signing Officer or Director

Date