


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002278 1. Entity Name COMMUNITY POLITICAL SCREENING PANEL, INC.	
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Principal Place of Business 4929 N.W. 17TH AVENUE MIAMI, FL 33142	Mailing Address 4929 N.W. 17TH AVENUE MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0842468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRAZIER, EUFAULA 4929 NW 17TH AVE MIAMI, FL 33142	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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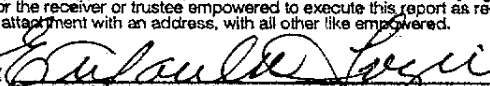
Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRAZIER, EUFAULA 4929 N.W. 17TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YAPP, L. GEORGE 2450 N.W. 76TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKENZIE, WILFRED 3280 NW 48 TERR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. 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.

**DO NOT WRITE
IN THIS SPACE**

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02/23/04-00135-015 61.25

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/10/2004 <small>Daytime Phone #</small>
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