

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002278**

1. Entity Name

COMMUNITY POLITICAL SCREENING PANEL, INC.



Principal Place of Business

4929 N.W. 17TH AVENUE  
MIAMI, FL 33142

Mailing Address

4929 N.W. 17TH AVENUE  
MIAMI, FL 33142



01042006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0842468

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

8. Name and Address of Current Registered Agent

FRAZIER, EUFAULA  
4929 NW 17TH AVE  
MIAMI, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FRAZIER, EUFAULA  
STREET ADDRESS 4929 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33142

TITLE V  
NAME YAPP, L. GEORGE  
STREET ADDRESS 2450 N.W. 76TH STREET  
CITY-ST-ZIP MIAMI, FL 33147

TITLE D  
NAME MCKENZIE, WILFRED  
STREET ADDRESS 3280 NW 48 TERR  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000409948  
02/09/06-80012-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Eufaula Frazier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-2006