

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 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**



02272007 No Chg-NP CR2E037 (4/06)

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**

6. Name and Address of Current Registered Agent

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

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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

Eufula Frazier

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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. 78TH 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

U000000664223
03/22/07-80035-020 61.25

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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:

Eufula Frazier

2-28-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Notary Public State of Florida

Daytime Phone #

L. George Yap
My Commission DD526355
Expires 04/08/2010

L. George Yap