

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

DOCUMENT# F02000004498

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** POLICE PROTECTIVE FUND INCORPORATED

**Current Principal Place of Business:**

1114 WEST 7TH STREET, #3  
AUSTIN, TX 78703

**New Principal Place of Business:**

1114 WEST 7TH STREET  
SUITE 2  
AUSTIN, TX 78703

**Current Mailing Address:**

P.O. BOX 684068  
AUSTIN, TX 78768

**New Mailing Address:**

6525 W. SUNSET BLVD  
SUITE 707  
HOLLYWOOD, CA 90028

**FEI Number:** 74-2864446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CP ( ) Delete  
Name: LECONTE, PHIL  
Address: 1114 WEST 7TH STREET, #3  
City-St-Zip: AUSTIN, TX 78703

Title: VCVT ( ) Delete  
Name: DIERKS, DAVID  
Address: 2829 SHOAL CREST AVENUE  
City-St-Zip: AUSTIN, TX 78705

Title: D ( ) Delete  
Name: DIERKS, WALTER  
Address: 827 JAMI COURT  
City-St-Zip: LAWRENCEVILLE, GA 30425

Title: S ( ) Delete  
Name: MELLON, JUNE  
Address: 12118 BLACK ANGUS  
City-St-Zip: AUSTIN, TX 78727

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID S. DIERKS

CFO

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date