

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003193 (8)**

1. Corporation Name

CITRUS COUNTY SHERIFFS POSSE, INC.



Principal Place of Business ONE SOUTH PARK AVE INVERNESS FL 34450	Mailing Address ONE SOUTH PARK AVE INVERNESS FL 34450
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3. Date Incorporated or Qualified 07/06/1995	
4. FEI Number 65-0605059	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VITT, STEVEN
ONE SOUTH PARK AVE
INVERNESS FL 34450**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VITT, STEVEN ONE SOUTH PARK AVE INVERNESS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Vitt, Steven One South Park Ave. Inverness, FL 34450
NAME	V WHITTON, CARL ONE SOUTH PARK AVE INVERNESS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V - Director(D) VITT, ELENA ONE SOUTH PARK AV. INVERNESS, FL 34450
STREET ADDRESS	S DEMAJO, ELENA ONE SOUTH PARK AVE INVERNESS FL 34450	<input checked="" type="checkbox"/> DELETE	2.2 NAME Stokes, Gail One South Park Ave. Inverness, FL 34450
CITY-ST-ZIP	TD WEST, JEAN ONE SOUTH PARK AVE INVERNESS FL	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS West, Jean One South Park Ave. Inverness, FL 34450
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	3.2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: *Steven J. Vitt* STEVEN J. VITT (352) 02-16-98 726-4488

CR2E037 (10/97)