


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90007 004 ****61.25

DOCUMENT # N95000003193
 1. Entity 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

44049648



2. Principal Place of Business
 1 DR. Martin Luther King Jr. Ave

3. Mailing Address
 1 DR. Martin Luther King Jr. Ave

Suite, Apt. #, etc.

07212004 Chg-NP CR2E037 (10/03)

City & State
 Inverness, FL 34450

City & State
 Inverness, FL

Zip 34450 Country USA

4. FEI Number
 65-0605059

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITT, STEVEN
 ONE SOUTH PARK AVE
 INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name
 Vitt, Steven

Street Address (P.O. Box Number is Not Acceptable)
 1 DR. Martin Luther King Jr. Ave

City
 Inverness FL Zip Code
 34450

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VITT, STEVEN ONE SOUTH PARK AVE. INVERNESS, FL 34450 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VITT, ELENA ONE SOUTH PARK AVENUE INVERNESS, FL 34450 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCGUIRE, MARIANNE ONE SOUTH PARK AVENUE INVERNESS, FL 34450 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROY, CAROL ONE SOUTH PARK AVENUE INVERNESS, FL 34450 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 DR. Martin Luther King Jr. Ave Inverness, FL 34450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 DR. Martin Luther King Jr. Ave Inverness, FL 34450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D Lois Hempe 1 DR. Martin Luther King Jr. Ave Inverness, FL 34450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D Tamara Van Tassel 1 DR. Martin Luther King Jr Ave Lecanto, FL 34450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Elenc Vitt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-04 (352) 726-4488
 Date Daytime Phone #