


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003193 1. Entity Name CITRUS COUNTY SHERIFFS POSSE, INC.	
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FILED
 08 SEP 18 PM 1:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	Mailing Address 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07032008 Chg-NP CR2E037 (12/06)

City & State Zip	City & State Zip	4. FEI Number 65-0605059	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent VITT, STEVEN 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD VITT, STEVEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITT, STEVEN	NAME	<i>9/19</i>
STREET ADDRESS	1 DR MARTIN LUTHER KING JR AVE	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITT, ELENA	NAME	
STREET ADDRESS	1 DR MARTIN LUTHER KING JR AVE	STREET ADDRESS	400136256414
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP	09/23/08--01031--018 **61.25
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, MARIANNE	NAME	
STREET ADDRESS	1 DR MARTIN LUTHER KING JR AVE	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUGUSTINE, ERNEST	NAME	TD RON DILLON
STREET ADDRESS	1 DR. MARTIN LUTHER KING JR. AVE	STREET ADDRESS	1 DR. martin Luther King JR AVE
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP	Inverness, FL 34450
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Elena Vitt - Elena Vitt 715-08 (352) 726-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #