

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 16, 2009
Secretary of State**

DOCUMENT# N95000003193

Entity Name: CITRUS COUNTY SHERIFFS POSSE, INC.

Current Principal Place of Business:

1 DR MARTIN LUTHER KING JR AVE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

1 DR MARTIN LUTHER KING JR AVE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 65-0605059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITT, STEVEN
1 DR MARTIN LUTHER KING JR AVE
INVERNESS, FL 34450 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: STEVEN VITT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VITT, STEVEN
Address: 1 DR MARTIN LUTHER KING JR AVE
City-St-Zip: INVERNESS, FL 34450

Title: VD () Delete
Name: VITT, ELENA
Address: 1 DR MARTIN LUTHER KING JR AVE
City-St-Zip: INVERNESS, FL 34450

Title: SD () Delete
Name: MCGUIRE, MARIANNE
Address: 1 DR MARTIN LUTHER KING JR AVE
City-St-Zip: INVERNESS, FL 34450

Title: TD () Delete
Name: DILLON, RON
Address: 1 DR. MARTIN LUTHER KING JR. AVE
City-St-Zip: INVERNESS, FL 34450

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 exemption stated 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 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: ELENA VITT

VD

10/16/2009

Electronic Signature of Signing Officer or Director

Date